

THE PREMIER'S
COMMISSION
ON FUTURE
HEALTH CARE
FOR ALBERTANS



WHAT YOU'VE SAID

NEWSLETTER
SPECIAL EDITION

FEBRUARY
1989

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INTRODUCTION

What You've Said, a special edition of our newsletter, consolidates the broad range of comments received from both consumers and health care providers. It includes:

- Lists of the health topics raised at 16 public "townhall" meetings and two major youth workshops held throughout Alberta in the spring and fall of 1988.
- Executive Summaries of the submissions made by 68 province-wide groups and organizations to the Commission during the 1988 fall public hearings.
- Suggestions on how you and your organization can make the best use of this information.

The Commission has received thousands of verbal and written submissions from other organizations and individuals. Their thoughtful suggestions are being considered and their names will be included in our final report.

We hope this overview of "what you've said" will give you a "flavour" of what interested citizens and organizations are recommending for an Alberta health system in the next century.

Guided by a draft Mission Statement and Principles and in keeping with the government's Terms of Reference, the Commission now begins the next phase which is to assimilate, synthesize and weigh all the information to develop their vision of future health in Alberta.

The Commission's opinions and recommendations will be contained in the Final Report which is due December 31, 1989.

Please convey to us soon your further opinions after reading this document.

Lou Hyndman, Chief Commissioner

Joy Calkin, Commissioner

Ruth Collins-Nakai, Commissioner

Gene Murrant, Commissioner

Father Patrick O'Byrne, Commissioner

Carol Snedden, Commissioner

Bill Sturgeon, Commissioner

Alex McPherson, Deputy Commissioner

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HOW TO USE THIS SPECIAL NEWSLETTER

If you belong to a health provider group or another organization that has submitted information to the Commission:

- Compare what other groups, similar to yours, are saying.
- If you want to read the full text of another group's brief, write them and ask for it.
- Meet formally or informally with groups that:
 - agree with your positions
 - disagree with your positions
- Assess whether subjects raised at "Town Hall" meetings were contained in your brief.

If you are a recipient of health services:

- Check whether subjects raised in "Town Hall" meetings in your area are similar to those you would raise. If not, tell us.
- Read the Executive Summaries. Compare and contrast the viewpoints expressed by health provider groups.
- Are there common threads in the submissions?
- Were you surprised at the topics raised at the "Town Hall" meetings and in the briefs?

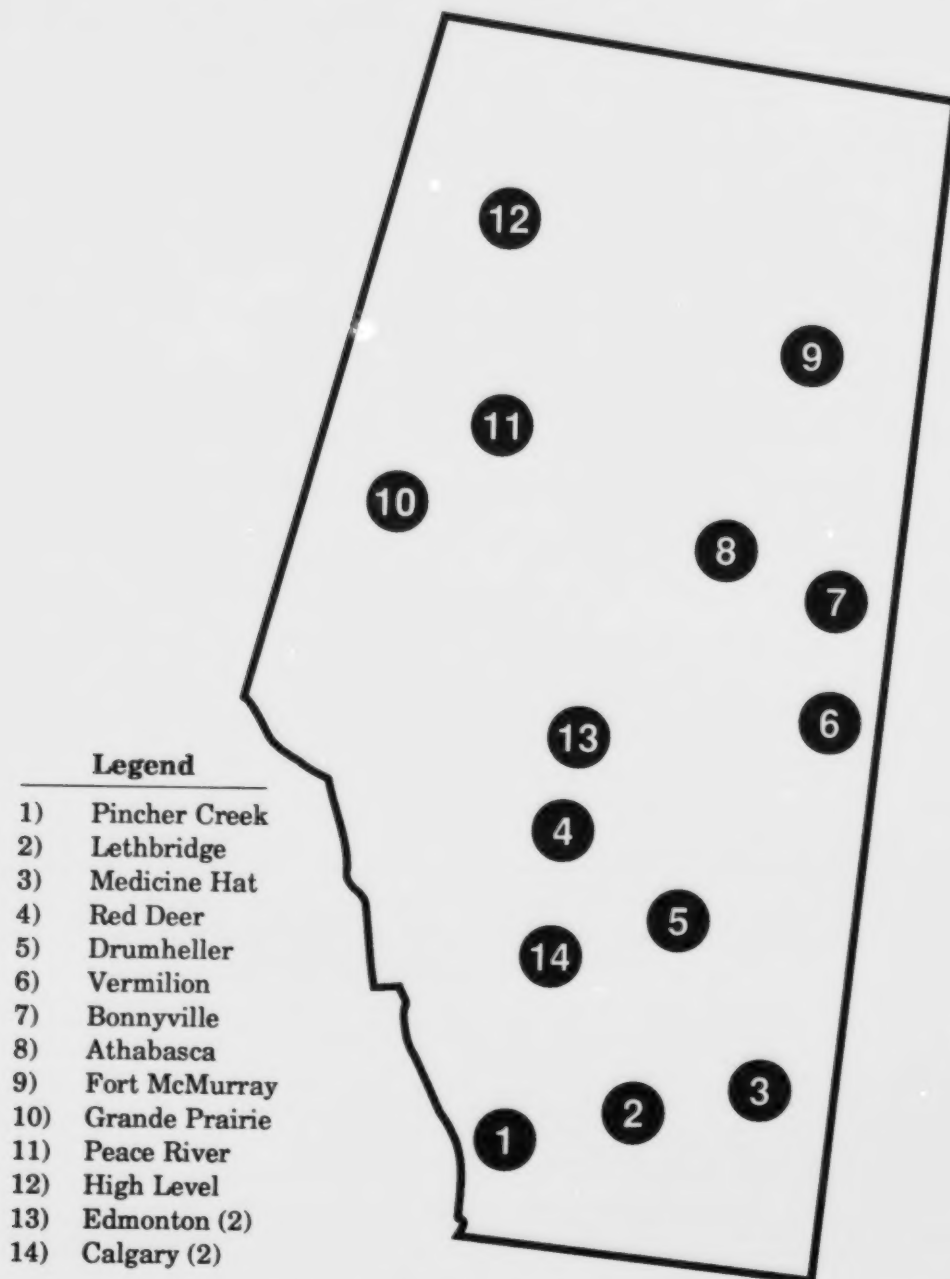
Generally, does the information in this newsletter include the characteristics of the future health system that you feel are important?

If, after reading this special edition newsletter you have further comments, please contact us right away. Call:

1-800-282-3906 (toll free in Alberta) and leave your message
or, write:

Premier's Commission on Future Health Care for Albertans
Bag 3080, Edmonton, Alberta T5J 2G6

LOCATIONS OF PUBLIC "TOWNHALL" MEETINGS



PUBLIC "TOWNHALL" MEETINGS

From the outset, the Commission stressed the importance of the public's views on future health care. The Commissioners listened to and interacted directly with Albertans by conducting sixteen province-wide public "townhall" meetings. These forums enabled the Commissioners to gain a clear picture of how those attending perceived the health care system today and what their concerns and suggestions are for the future.

The regional meetings were held in the following places:

Pincher Creek	June 13, 1988	Heritage Inn	7:00 pm.
Lethbridge	June 14, 1988	Sandman Inn	7:00 pm.
Medicine Hat	June 16, 1988	Medicine Hat Lodge	7:00 pm.
Red Deer	June 20, 1988	Great West Inn	1:30 pm.
Drumheller	June 21, 1988	Drumheller Inn	7:00 pm.
Vermilion	June 22, 1988	Elks Hall	7:00 pm.
Bonnyville	Sept. 12, 1988	Agriplex	7:00 pm.
Athabasca	Sept. 13, 1988	Athabasca Inn	7:00 pm.
Fort McMurray	Sept. 14, 1988	Sawridge Hotel	7:00 pm.
Grande Prairie	Oct. 11, 1988	Grande Prairie Inn	7:00 pm.
Peace River	Oct. 12, 1988	Athabasca Hall	7:00 pm.
High Level	Oct. 13, 1988	Florence MacDougall School	7:00 pm.
Edmonton	Nov. 9, 1988	St. Andrew's Centre	1:30 pm.
	Nov. 9, 1988	N.A.I.T. - Cafetorium	7:00 pm.
Calgary	Nov. 15, 1988	Golden Age Club	1:30 pm.
	Nov. 15, 1988	S.A.I.T. - Orpheus Theatre	7:00 pm.

The issues and recommendations from each meeting are listed word-for-word from the flip charts and are shown in the order they were raised. They were not ranked in priority.

Pincher Creek – Public “Townhall” Meeting

Issues/Recommendations

- Older population – In 20 years the “baby boomers” will be 65 years of age
- Educate the kids – Education regarding prevention and promotion of health should be increased for the children now since they will be the adults 20 years from now
- Gap – Increase in number of seniors over 65 and in the number of children under 18 creating a bi-modal distribution. Thus, those in the working force will have to support the younger and older populations
- Possible shortage of health care providers – Will the supply of health care providers keep up with the need in the various health provider categories
- De-institutionalize the health system – Increase accent on home care in both acute and long term care systems
- Take the politics out of health delivery and planning – Much of the allocation of health resources is run by politics rather than sound managerial and planning principles
- Primary health care in the home by nurse practitioners – Do doctors need to be gatekeepers for the majority of the health care resources and system
- 9:00 - 5:00 Medicine (Monday - Friday) – Better utilization of the facilities and providers
- Role of M.D. in 2010 – The same or different
- Quality of management – Who should manage
- Ethics vs. money – What resources should be made available to those in a situation of imminent death
- Mental health – Mental health system should be incorporated into the overall health care system
- Deployment of funding – Re-examine how funds are allocated and decisions made regarding funding on programs and facilities
- Technology – Effective evaluation and introduction of new technology
- Environmental and Societal impact – The interdependency of health on the environment, etc.
- Younger population – Allocation of funding
- Planning – Not flexible enough
- Control costs of health care
- Medical doctor training – Is it compatible with the new changes proposed in the health system
- Conflict between illness and health care – Wellness
- Promote health environment
- Common social and economic goals
- Access to gatekeeper
- Allow nursing specialists at the undergraduate level
- Gaining and retaining competent health care providers at the appropriate sectors of the health system (eg. rural vs. urban)
- The impact of AIDS and other infectious diseases
- Drug and alcohol abuse
- Responsibility of patients in the system
- Trust – Between consumers and providers and among providers themselves
- Quality of life (vs. prolonging life)



Lethbridge – Public “Townhall” Meeting

Issues/Recommendations

- Cost – funding
- Freedom of choice of care provider
- Home care vs. institutional care
- Promotion of health care professions (as life's work)
- Pre-hospital care
- Technology dollars for limited number of people
- Native health care (low socio-economic groups)
- Promotion of mental health (especially suicide prevention)
- Comprehensive health care (coordination)
- Euthanasia (right to die)
- Private industry in health care system (two tier medicine)
- Alternative providers
- Parenting: learning individual responsibility for health
- Ethical issues related to cost
- Ethical issues related to population greater than 85 years
- Availability of trained personnel
- Number of chronic diseases
- Age issues – greater number of older people over 65 years
- Quality of care
- Access to facilities
- Long Term Care/chronic care and rehabilitation
- Coordination of Government policies

- AIDS and other infectious diseases
- Education for health providers
- Lifestyle (prevention)
- Policy re: Government
- Urban shift (of treatment)
- Holistic approach to education
- Consumer demands vs. “reasonable(?)” expectations
- “Free(?)” hospital care – who really pays
- Equal coverage for other health care providers
- Community health Centres
- The politics of the health care system – can it/should it be removed
- Tell the kids who pays. The “Government” is us



Medicine Hat – Public “Townhall” Meeting

Issues/Recommendations

- Maintenance of competence of health care providers (How???)
- Should seniors pay if they can – Geriatrics & Psychogeriatrics (will enough be available)
- Test drugs (used on seniors) on seniors
- Coordinate research and policy
- Decentralize funding authority and accountability
- Too much centralization
- Move patients quickly to appropriate level and locale of care
- Drugs and their effect on cost, access and quality of health care

- Cooperative approach by all health care providers
- Use and abuse of the system
- Access to new technology
- Role of the hospital in the future health care system
- Competition between provider agencies
- Individual responsibility for one's own health
- Provide choices for consumers of health care (alternative providers)
- Make available appropriate services for the handicapped
- Provide incentives to lead a healthy lifestyle
- Keep people out of hospitals (prevention)
- Access – equal
- Funding
- Coordination – avoid duplication
- Fragmentation (holistic) of the system
- A better educated – patient, population, caregiver
- Take the politics out
- Evaluate other alternatives
- Decentralization – can it work
- Right to live/die – People will continue to be acutely ill despite prevention
- Deterrent fees
- Health care in respect of other problems, e.g. dental
- The role of the volunteer
- EP 2000
- Future of the rural hospital



Red Deer – Public “Townhall” Meeting

Issues/Recommendations

- Effect on the system of infectious diseases – e.g. AIDS
- Aging population
- Lifestyle – keep the individual out of the hospital
- Take politics out of the system
- Prevention – community health
- Technical growth vs. loving and caring
- The role of home care in the future of the system
- Early prevention – i.e. start with the kids
- Who will fund when/as the population ages
- E.P. 2000 – if it proceeds will there be enough spaces available
- Environmental effects on health in 2000
- Palliative care in the rural areas
- Insufficient Geriatric training (deal with emotional and social issues as well)
- Lack of corporate and private industry input/responsibility in health care
- Need for priorities planning in health care
- Lack of cooperation between (among) health care providers
- Quality of health care should not be limited by ability to pay
- Preventive education for consumers
- Choice and referral of type of health care providers (including politics)
- Gatekeeper – who should it (they) be
- Not meeting spiritual needs of patients

- Substance abuse (drugs) Rx drugs and cost
- Rural palliative care
- Right to die (who decides??)
- Competition between institution and community health care services
- Long-term care for the physically disabled
- Abortion funding (who pays, how much)
- Access to system, e.g. ambulances
- Self-policing not (by professions) an effective appeal mechanism for the public
- Expectations of the public concerning health care – is there no bottom to the pit
- “Cloak of Secrecy” that surrounds medical practitioners – right of the consumer to know (Doctor-Patient relationship)
- Mental health systems in 2000
- The monopoly that exists in the system, e.g. Midwifery
- How do we attract providers to the rural communities
- Working conditions for health care providers
- Fragmentation of the system
- Poverty and its effect upon the health care system
- Costs of current system
- Lack of individual responsibility
- Focus on illness
- Role of the rural hospital in future
- Employer costs (Occupational health and safety)
- Street people of today (where will they be in 20 years)

Drumheller – Public “Townhall” Meeting

Issues/Recommendations

- Everybody should contribute their fair share
- Empowerment
- Recognition of the client's needs
- Recognition of the alternate providers
- “Wellness”
- Personal responsibility
- “Caring” health care givers
- Beef up home care and include it under Medicare – stay at home as long as possible
- User pay but reimburse
- Linkage between institution and home care
- Reduce/eliminate fragmentation of the system
- Spend the money more efficiently
- Stop beating on the physicians
- Spend more on promotion
- There is a bottom to the dollar pit
- Legalize and fund
 - Midwifery
 - Chiropractors
 - Chiroprodists
 - Homeopathy
 and all other legal alternate providers
- Need a way of connecting “patient” needs with appropriate providers
- Proliferate hospital ethics committee
- Euthanasia to reduce unnecessary suffering
- Improve rehabilitation services in LTC
- Advertise regarding meetings on health

- Direct access to preventive diagnostic tests
- Access to alternative practitioners
- Access to system for immigrant medical doctors
- In complex care, more coordination through one person, and less paternalism
- More individual control
- More pay for nurses
- More home care
- Better incentives for quality rather than quantity of care
- Regular introduction of new technology
- Dollars and recognition for homemakers/LTC
- Private Non-Profit involvement is okay
- RNA's should be basic caregivers for long-term care
- Better utilization of nurses in dealing with "worried well" (care)
- Must address daily living needs of chronically ill and those with chronic diseases
- Compassionate humane care for those with Alzheimers and Dementias
- Clinical standards for technology
- Role and education of volunteers
- Care of the elderly
- User fees
- Chiropractors (role in system)
- Privatization
- Lifestyle concerns (drug abuse, sexually transmitted diseases, teen pregnancy)
- Consumer Education on health
- Universal access
- Fragmentation of the system (inter-agency)
- Cost of managing system (bureaucracy)
- Research funding
- Evaluation of the system (outcome measurements)
- Aging population
- Cost of health care
- Community palliative care
- Interprofessional cooperation among health care providers
- Funding systems which promotes inefficiency
- Training of health professionals for future care
- Queue of rural people to get care in referral centres
- Lack of specialization available in rural area
- Hospital boards and health units elected or appointed
- Lifestyle – adolescent health concerns (e.g. AIDS, drugs, etc.)
- Ethical/moral issues (e.g. right to die, etc.)
- AIDS
- Abuse of health care services by users and providers
- Access to alternate providers (e.g. chiropractors)
- Effect of changes of government on health care



Vermilion – Public "Townhall" Meeting

Issues/Recommendations

- Recruitment of health care providers to rural areas
- Specialized care for the handicapped in the home in rural areas
- Prevention
- Rural/urban disparities in services
- Abuse of health care services by users and providers
- Access to alternate providers (e.g. chiropractors)
- Effect of changes of government on health care

- Abortion
- Better information systems and coordination
- Role of nurse practitioner
- Legal implications inherent in the health care system in Year 2000

Bonnyville – Public “Townhall” Meeting

Issues/Recommendations

- Prevention/promotion
- Individual responsibility
- Technology and the ethical issues created therefrom
- Hospice/terminal illness care must be expanded
- Care of the elderly
- Care of the elderly in education, counseling, etc. for prevention
- System screening/illness care/health care/extended care/home care
- Care for chronic illness is supported
- Need for research
- “Health” needs cooperation among various sectors such as agriculture, education, etc.
- Afraid of loss of “TLC” in future
- Choice of caretaker (e.g. midwife) is available to us
- Better informed public
- “Ownership” of one’s own health services (e.g. Boyle community care)
- Coordination of healthy reproduction services, parenting education

Athabasca – Public “Townhall” Meeting

Issues/Recommendations

- Education system must address health and a healthy lifestyle
- Alternative access to health care providers
- Single entry point – good or bad?
- Diagnostic communication from outlying areas to central data bank
- Consumers should have a choice (e.g. home births)
- The individual should be more responsible for his/her own health
- Appropriate screens to inhibit unnecessary surgery
- Improve the communication amongst providers and the users
- Include nutrition services as part of health care
- Nurses (providers) need guidance on choosing specialty areas
- Providers should give specialty services in community
- Flexibility within health care system
- Better coordination of health programs
- Clean water for all, food, shelter, “health” = “wellness”
- Citizens must have the right to make/control choices regarding their own health
- No waiting lists
- No chronic diseases – more prevention and promotion
- Evaluate for appropriateness of Rx
- Educate care givers appropriately for rural practice

- Continual assessment of needs for those already having care
- Mental health needs emphasis



Fort McMurray – Public “Townhall” Meeting

Issues/Recommendations

- The “well” elderly could help needy elderly
- More accent on “wellness” (incentives) dollars
- Educational emphasis on clean, healthy environment
- Tax bonus for staying healthy
- Adult day care centres
- “Neighbourhood” RN
- Access to information to assist in their own health
- Training cassettes
- One stop shopping for “health” services
- More mental health – Rx
- Housing, environment, transportation (healthy public policy)
- Appropriate providers
- More corporate involvement
- Women’s health issues
- Need to encourage health care givers, especially RN’s to pursue health care
- Better understanding of ethical issues
- Greater emphasis on community-based support
- Better nutrition
- Emphasis on mental health through education

- Prevent system abuse
- Recognition of costs of care/incentives for health care
- Education (self care) focus on nutrition
- Universal access
- Too many bricks and mortar
- More efficient hospital care
- Easier access to health care workers
- Easily understood and available health care information
- Need easier to understand system
- Alternate care providers
- Multi-level care facility



Grande Prairie – Public “Townhall” Meeting

Issues/Recommendations

- More concern for prevention
- Physicians to be more involved in budgeting
- Keep the elderly people in their own homes or communities
- Control the costs
- More research
- More information for/about the health care system – a more knowledgeable population
- Wellness vs. illness
- Fee for service for nurses
- Multiple entry points
- Geriatric specialization
- Educate the young
- Super specialization/centralization (need more)

- Expanded ambulance system
- Increased home care
- Increased individual responsibility for health
- More evaluation of health care system
- Increased palliative care
- Early detection and screening
- Health is a family affair

Peace River – Public “Townhall” Meeting

Issues/Recommendations

- Choices: Alternative care providers
- Consumers should know where to go for help
- Consumers should know where to go for day care, day surgeries in surgi-centre, clinics
- “Granny Houses”
- Emphasize prevention
- Healthy lifestyles!
- Mechanism for making ethical decisions
- Rural vs. urban – recognize the differences and the needs!
- Keep the elderly in their homes and communities as long as possible
- Demystify the medical profession
- Educate and education
- The community is/must be an extension of the family (respite)
- Interdisciplinary cooperation
- Is there a health role for other health care providers

- The right to die – euthanasia – are we ready for it
- Put the hospital/health care centre on wheels
- Human factor in care
- Care for elderly in own communities
- Emphasize mental health
- Leisure; family-caring; educate; heroic measures

High Level – Public “Townhall” Meeting

Issues/Recommendations

- More (specialized) services for the rural areas
- Other health care providers – Midwives
- High touch – high tech
- The trade-off – access to vs. quality of life in rural areas
- Interdisciplinary cooperation
- Accessibility to specialized services – High Level to Edmonton – ambulance service
- Promotion of good health and prevention
- Incentives to attract health care providers
- Privatize the health care system
- The hospital comes to the users and let's start at La Crete
- Equivalent health care – rural/urban
- Individual but informed choices
- Senior self-esteem
- Medications and use of pharmacists (doctors more knowledgeable re: drugs)
- Dispute resolutions/“strikes”

- Rural transportation and education of service providers
- "One Stop Shopping" community health centre
- Prevention and quick response
- Home care
- Patient assessment – keep the family together



Edmonton – Public "Townhall" Meeting

Issues/Recommendations

- Two-tiered system
- Better doctors
- Greater emphasis on "wellness"
- Alternative health – care providers – \$\$
- Entry to practice for nursing – year 2000 = BSc./B.N.
- Flexible levels of care in communities
- Easy accessibility to services for seniors
- Research on humor in health care
- Home care emphasis
- Ethics – active euthanasia
- Better knowledge about costs – hence, more effective use
- Prevention/Prevention/Prevention
- Public funding
- Promotion of "health"
- Maintain quality illness care
- Departmental coordination
- Do not duplicate lab services
- Housing – keep the family together

- Use the successes of others
- Licensing of alternative providers to protect users
- Midwifery accepted
- Educate the kids
- Bricks and mortar do not cure
- Ban smoking
- Use nurses more effectively
- Use of a Premier's Council on health to continue
- Creative financing – use the lotteries
- Recognition of multi-cultural values
- Community health services/centres
- Euthanasia
- Institutions: capital and operating
- Coordinated rehabilitation and discharge planning
- Greater individual choice



Calgary – Public "Townhall" Meeting

Issues/Recommendations

- Change our philosophy to "Keeping Well"
- Include more incentives in the system for health care providers, e.g. doctors who pay attention to providing good quality health care
- Need more staff for rehabilitation services in nursing homes
- Recognition of the clients' needs
- Linkages between institution, e.g. hospitals and home care
- In complex care cases, more coordination of medical staff through one person/less patronizing to parents

- Non-fragmentation of the system – Reallocate existing dollars
- “Everybody” should contribute their fair share
- “Privatization” in the health system
 - non-profit
 - profit
 - good or bad
- Direct access to lab tests that are preventative in nature, e.g. mammography tests – patient could go directly to specialist without having to go to GP first
- Spend the health care money more wisely
- Direct access to diagnostic tests that are preventative in nature
 - Education – informed choice – personal responsibility – physician
 - Smart card programmed for age/test
 - Knowledge to go along with technology
- Spending the health care money more wisely
 - Public aware of costs
 - Physicians more accountable to public
 - Education of public regarding responsibility
 - Education for health care decision with system
 - Nurses more responsibility for first contacted assessment and referral
 - Incentives for hospitals and physicians for cost effectiveness
 - Choices
- Take more personal responsibility and put mechanisms into the health system to encourage this
- Discuss “rationing” how and who gets what
 - In future years we can’t afford to do everything for everybody – How will we decide
- Involve community in smaller groups (neighbourhoods) in decisions and identify needs, i.e.
 - Neighbourhood councils responsible for health
 - Access to health care is nurses (plus educational material or referral to alternative source)
 - Incentives for non-users (i.e. tally at end of year and reimburse)
- Rationing – Who and how
 - Community consultation
 - Guidelines for health system – hospitals
- Better access for immigrants
- Regular introduction of new technology in the health care system
- Proliferate a “hospital’s ethics committee”
- Community health centre with all kinds of providers
 - Would this idea work
 - We need a way of connecting patient needs with appropriate providers
- Put major responsibility for health care back in hands of consumers
- Should nurses get better pay
- Improve “home care” a great deal and include costs in health care system
- Consider “euthanasia”
- “Midwifery” should be recognized by health systems and funded
- Increase the dollars going to educate public on “wellness” – health (not just dollars for illness care)
- Access to “alternative therapy” in future system and funded
 - Herbalism, acupuncture, etc.
 - Traditional care providers
- Recognize physicians – stop beating on them
- Philosophy and wellness – legitimization

PUBLIC HEARINGS – THE PRESENTERS’ EXECUTIVE SUMMARIES

In February 1988, the Commission asked for submissions from province-wide groups and organizations. Sixty-eight of those organizations presented briefs at the Public Hearings held in Edmonton in the fall of 1988.

The Commission acknowledges the major time commitments and sincere efforts that went into the preparation of the written submissions and formal presentations.

The following are reproductions of the groups’ Executive Summaries or “Conclusion” pages. Copies of the Executive Summaries were sent to the organizations advising them of our publication plans. Where Executive Summaries were not included by submitting groups, the Commission prepared draft “Executive Summaries” and sent them to the respective groups with a request that they reply with their approval or amendment by a given date.

Executive Summaries of the briefs of the following organizations follow:

Alberta Alcohol and Drug Abuse Commission
Alberta Ambulance Operators Association
Alberta Association of Municipal Districts and Counties
Alberta Association of Naturopathic Practitioners
Alberta Association of Optometrists
Alberta Association of Registered Nurses
Alberta Association of Registered Occupational Therapists
Alberta Association of Social Workers
Alberta Cancer Board
Alberta Community Health Nurses Society
Alberta Council on Aging
Alberta Dental Association
Alberta Foundation for Nursing Research
Alberta Friends of Schizophrenics
Alberta Heritage Foundation for Medical Research

Alberta Hospitals Association
Alberta Long Term Care Association
Alberta Medical Association
Alberta Nursing Education Administrators
Alberta Pharmaceutical Association
Alberta Registered Dietitians Association
Alberta Roman Catholic Bishops’ Conference
Alberta Senior Citizens Homes Association
Alberta Society of Orthopaedic Surgeons
Alberta Status of Women Action Committee (Edmonton Working Women)
Alberta Union of Provincial Employees
Blue Cross
Calgary Board of Health
Canadian College of Health Service Executives
Canadian Drug Manufacturers Association
Canadian Mental Health Association
Canadian Organization of Small Business

Canadian Red Cross Society, Alberta Division
 Canadian Union of Public Employees, Alberta Division
 Centre for Gerontology
 College of Chiropractors of Alberta
 College of Family Physicians of Canada, Alberta Chapter
 College of Physical Therapists of Alberta (Alberta Physiotherapy Association; Independent Physical Therapists of Alberta)
 College of Physicians and Surgeons
 Consumers Association of Canada, Alberta Division
 Council of Teaching Hospitals of Alberta
 Denturist Society of Alberta
 Easter Seal Ability Council
 Edmonton Board of Health
 Edmonton Social Planning Council
 Friends of Medicare
 Glenrose Rehabilitation Hospital
 Health Sciences Association of Alberta
 Health Unit Association of Alberta
 Heart Health Task Committee

Pharmaceutical Manufacturers Association of Canada
 Professional Association of Internes and Residents of Alberta
 Professional Council of Registered Nursing Assistants
 Provincial Senior Citizens' Advisory Council
 Psychologists Association of Alberta
 Registered Psychiatric Nurses Association of Alberta
 Rural Health Care Association of Alberta
 Sisters of Charity (Grey Nuns) of Alberta
 Society for the Retired and Semi-Retired
 Society of Alberta Medical Officers of Health
 Staff Nurses Association of Alberta
 Suicide Prevention Provincial Advisory Committee
 University of Alberta
 University of Calgary, Faculty of Medicine
 University of Calgary, Faculty of Social Welfare
 Victorian Order of Nurses
 Women of Unifarm
 Workers' Compensation Board of Alberta

Further information on the full briefs of the organizations may be obtained by writing to them at the addresses listed on their Executive Summary.

The presentations of all organizations were videotaped during the Public Hearings. VHS videotapes of each organization are available to borrow and review by contacting:

Provincial Film Library, Public Affairs Bureau
 2nd Flr., 11510 - Kingsway Avenue, Edmonton, Alberta T5G 2Y5
 Telephone No. 427-4381 (Edmonton) Fax No. 451-4109



Alberta Alcohol and Drug Abuse Commission

10909 Jasper Avenue
Edmonton, Alberta T5J 3M9
Contact: Mr. Stan Nelson, M.L.A.,
Chairman

Conclusions and Recommendations

Making Healthy Choices the Easier Choices

This positive vision of health has implications at all levels of the health system. At the highest institutional levels, it means taking the view that the country's most vital health resources do not reside within those institutions, but within the population itself.

At the level of the individual practitioner, it means being prepared to actively consider the client's viewpoint and other factors in the family, community, and work that affect the patient's health. It means a willingness to assume a partnership role in protecting and extending the patient's health.

As health care increasingly becomes a community-based enterprise, it increasingly requires multipartner and, with further movement into the community, multidisciplinary effort. It means working with other social service and health care providers which, in turn, implies potential turf battles and issues around funding and payment for services. It means being prepared to address the difficulties and tensions that inevitably accompany change.

It certainly means paying closer attention to the wide array of environments – the family, school, workplace, public places, physical environment – that impact individual and collective health. This is far removed from the health practitioner's office; it is moving into the realm of the society-wide or structural determinants of health. This approach ultimately points to the need for enlightened policies by all the major social institutions and sectors which support people's efforts to real-

ize their health potential through these various environments.

Change in the health system is underway. Change, especially of a fundamental nature, is never easy. It may take years to accomplish.

However, AADAC believes that positive vision of health, based on the principles of health promotion, will provide all of the partners in this enterprise with a framework to meet the challenges of health into the next century. By making healthy choices the easier choices for all, the human and financial benefits will be realized many times over in future health care for Albertans.

Recommendations

Based on its own experience with health promotion, AADAC recommends that the Premier's Commission undertake to:

- Refocus the goal of health care in Alberta from achieving a high level of sick care services to achieving a high level of personal and community health.

This will necessarily involve:

- assisting individuals to learn the art of being well through their capacities for self-care, self-reliance and mutual support.
- creating environments conducive to health through stronger family and social support systems, a safer workplace, and health-enhancing policy initiatives.
- providing essential sick care services through a multi-level system consisting of community care centres and centralized high-technology facilities.

- Refocus the mandate of health agencies and services in Alberta to one of developing strategies to achieve a high level of personal and community health, based on health promotion principles.

This will necessarily involve:

- focusing on people and their experience in local environments.

- ensuring that individuals and communities participate in the responses and solutions to health issues on an ongoing basis.
- developing services and policies that directly or indirectly increase people's competencies and enhance their health potential.

Alberta Ambulance Operators Association

18429 - 97Avenue
Edmonton, Alberta
Contact: Mr. A. Moffat, President

Recommendation Highlights

- The emergency pre-hospital field is far too diverse and complex to be able to cover it comprehensively in a single Brief, and it has not been our intention to attempt to do so.
- Nor has it been our intention to propose or recommend specific forms or changes to the overall Alberta health care system; but merely to provide a degree of familiarization with the emergency pre-hospital portion, together with its potential and shortfalls, to encourage the Commission to place this system into a proper, effective and economical *total* health care system.
- In integrating the emergency pre-hospital care system into the overall health care system, it is considered fundamental and critical that the knowledge, experience and resources of the Ambulance Operators Association be the principal agent.

The following "Recommendations" are intended to highlight some of the more critical areas that need to be addressed in any proposal or plan to improve and/or economize the total Alberta health care system.

General

- Semantics
 - Distinguish between "myth" and "fact".
 - Do *not* treat "system" and "Government operated system" as synonymous terms.
 - Do *not* treat "level of service" and "quality of service" as synonymous.
- Population Served. Recognize that the official census figures for a given "ambulance district" do not always reflect the actual populations served by that ambulance service due to transient and non-resident persons.
- Use of Personnel. It remains for the provincial government to initiate the necessary pressure to ensure that qualified ambulance personnel are used in hospital emergency rooms both in support of maintaining their skills and, especially in rural general hospitals, to assist in their manning difficulties.

Policy

- Clear statements of *government policy* as distinct from Ministerial Directives/Decisions are required, concerning:
 - The retention of "private enterprise" within the emergency pre-hospital system.
 - A statement of "Patient's Rights", applicable to *all* Albertans, is required to delineate the goals for *level of service, quality of service, acceptable response time*, and a single standard for *patient transfers*.
 - Policy recognition and practical inclusion of the emergency pre-hospital service and treatment into the total health care package.
 - The air and ground transport of *stable, non-emergency* patients.
- In its simplest form, there is a requirement for an *Ambulance Act* that will, at least, legitimize through legislation the standards, ethics and disciplinary powers of the A.A.O.A. and designate the A.A.O.A. to administer the emergency pre-hospital system on behalf of and under the guidance

and policy direction of the Provincial Government.

- The Provincial Government must recognize that, by whatever means, the *income* of every ambulance service must at least equal that service's *cost of operations*.
- For reasons both medical and economic it is essential that the Provincial Government recognize that the more remote the community, the fewer the fixed medical facilities, or the lower the quality of the available fixed medical facilities and services in a community, *the greater the need and practical justification for the highest possible level and quality of ambulance service*.

Cost Analysis

- A review should be undertaken to establish, once and for all, the claim that "quality treatment initiated at the scene of the emergency is a major financial economy to the total health care system".
- There is a need to research the relative cost and benefits of the current system of treating the majority of highly critical emergencies in highly centralized facilities as against a partial decentralization of the more common treatments to *regional hospitals*.

Communications

- There is an urgent need for a province-wide "911" system for emergency calls.
- There is a need for the Provincial Government to establish and co-ordinate a province-wide communications system that is superimposed over the internal ambulance-hospital system that now exists.

Patient Transfers

- There is a need to distinguish between "stable" and "unstable" patient transfers, with the attendant "standards" and "rates" implications.
- There is a need to treat *all* patient transfers on a common basis as a part of the total medical health care system, including the removal of in-patient transfers from hospitals' "global budgets".

- All unstable patient transport, transfer or other, *must* be done by a certified ambulance (ground or air) that meets all A.A.O.A. standards.

Air Ambulance

- There is a need to set up appropriate financial support for specified, certified air carriers so that they are not entirely dependent on income from "calls".
- There must be consistency brought to payment policies for ground and air ambulance services.
- When stable, non-emergency patients are transported by air the choice is generally defined as "convenience" rather than "medical". Where the local ground carrier suffers loss of income due to the non-medical choice of air, the ground carrier should be entitled to compensation (probably not less than half of the lost revenue).



Alberta Association of Municipal Districts and Counties

4505 - 101 Street
Edmonton, Alberta T6E 5G9
Contact: Mr. Jack Edworthy, Executive
Director

The Alberta Association of Municipal Districts and Counties helps local government provide service to their communities by acting as a central office and research centre.

The Association believes Albertans generally have enjoyed to date, and should continue to expect in the future, an excellent system of health care service. However, with rising costs of this service, we would like to share with you some of our concerns and recommendations for the future.

- The Shortage of Professionals who are willing to serve in Rural Areas.

- A fear that the spread of AIDS will create a serious problem in small rural hospitals if a resident requests treatment in that particular facility.

Recommendations

- The Department of Hospitals and Medical Care should establish a universal policy and protocol as to how AIDS patients should be handled.
- The government consider the economic feasibility of regional group homes or hospice for the care of AIDS patients.
- We support the concept of teaching "wellness" but recognize there will still be sick people requiring medical attention.
- We recommend educating professionals to fill the rural positions required and plan accordingly for the future.
- We recommend that Government do more work in determining the numbers and diversity of the professionals being educated in our institutions to meet needs of health care services.
- The protection of the turf in the medical field appears to be a deterrent in maintaining reasonable health care costs.
- We recommend the scope of each kind of hospital and types of doctors available should be re-examined.
- We recommend more sharing of personnel between facilities in a region and more cooperation and coordination between rural hospitals.
- In the area of long range planning, use the expertise and/or information available from regional planning commissions, e.g. statistical provincial data.
- We recommend studying total computerization in the Province and other tools such as closed circuit T.V.
- Alberta Hospitals and Medicare should continue to further develop a program of

equitable funding to all hospitals based on level of care.

- Assisting nurses in addressing their real or perceived problems; to find a solution in order to make the field more attractive.
- We recommend our government establish maximum limits of liability compensation allowed by the courts. We commend the Government in helping rural physicians to acquire reasonable insurance coverage in order to practice in rural Alberta.
- We recommend that, when considering hospital funding, the fact that over one-half of Alberta's population resides outside the cities of Calgary and Edmonton, be recognized.



Alberta Association of Naturopathic Practitioners

#106, 9942 - 82nd Avenue
Edmonton, Alberta T6E 1Y9
Contact: Dr. Kevan Garner, President

Summary of the Recommendations:

- The AANP recommends that the Provincial Government recognize the growing interest in alternative health care amongst Albertans.
- The AANP recommends that the Provincial Government acknowledge that naturopathy is undergoing a North American renaissance. The profession will, therefore, be taking a more public role in the coming decades.
- The AANP recommends that the Provincial Government acknowledge that naturopathic physicians are the most thoroughly trained practitioners among the Western alternative health systems.
- The AANP recommends the development of

peer review regulation of the profession and the expansion of naturopathy in Alberta under the Health Disciplines Act. The standards for this regulation should be similar in spirit to those adopted by our neighbouring province, British Columbia.

- The AANP recommends a return to the provincial policy of removing direct responsibility for alternative medical professions from the Department of Health (and indirectly, medical doctors, who may hold other portfolios). This will provide the most equitable health care system for Albertans.



Alberta Association of Optometrists

Suite 1, 9333 - 50 Street
Edmonton, Alberta T6B 2L5
Contact: Dr. Jerry Berg, Chairman

Recommendations

Promote Effective Utilization of Full Scope Optometry

The primary care model follows the recommendations of the United Nations World Health Organization (WHO) whereby generalists provide primary health care rather than specialists. WHO expects the primary care model will create much more efficient use of health resources with no decrease in quality of care.

The optometrist is the most appropriate health care professional to fill the role of the primary eye care practitioner in Alberta, because:

- The training of optometrists is oriented to the provision of primary care services directly to patients and as referral agents for those patients who require secondary and tertiary care.
- Optometrists are available in 77 communities in Alberta and are located in all communities over 3500 in population. Ophthalmologists are located only in six major centres.

- The majority of Alberta's population already acknowledges Optometry's primary vision and eye care role since optometry currently carries out 70% of the primary eye examinations provided to Albertans.

There is much evidence to support the validity of this position. As a clear illustration of this we submit the following extracts from a 1988 report by Dr. Malcolm C. Brown, Professor of Economics, University of Calgary, in his report to The Standing Committee on Health and Welfare entitled *National Health Insurance and Market Efficiency in the Provision of Eye Care Services*.

"Within the health care literature, there has always been considerable support for more reliance on relatively inexpensive trained manpower which could substitute for physicians in the provision of the more mundane medical tasks."

"... In regard to vision care services, the above consideration suggests the following guidelines for public funding policies. Where optometrists and ophthalmologists produce exactly the same services and are in direct competition with each other, the Government funding arrangement should be defined entirely in relation to the service and not in relation to the type of health professional supplying them."

Later in his report Professor Brown adds:

"...whatever the funding arrangement employed, it should allow competition between the different kinds of health professionals providing similar services, and it should give the health sector the freedom to evolve and innovate. Without this competition and flexibility, Canadian national health insurance will stagnate, and a relatively good health delivery system will eventually become a bad one."

Here are four ways in which changes in Alberta Government policy would promote more effective utilization of optometrists as primary vision care providers:

- Fund Services, not Provider

Equal funding of all common vision care services, whether provided by an optometrist or an ophthalmologist, would result in more cost effective utilization of optometrists and ophthalmologists in the provision of primary and secondary care services. Optometrists would be more highly utilized for primary vision care services and for secondary and tertiary care within Optometry's full scope of practice. Over a period of time, shifts in manpower demands would result in an appropriate and efficient ratio of optometrists to ophthalmologists. Government funding of eye care based on the service being funded rather than on the discipline of the practitioner providing the service will enhance Government cost containment goals.

- Involve Optometry in the Government's Preventive Vision Care Program

Involvement of optometric expertise in the assessment of Government vision care programs such as Public Health vision screening would assist in the creation of efficiencies and innovative approaches. Consultation would be mutually beneficial and would assist in the enhancement of preventive vision health care for all Albertans, especially children.

- Encouragement of Interaction Between General Medical Practitioners and Optometrists

Increased recognition by medical doctors of the primary care role of optometrists would enhance patient care. By virtue of training, experience and equipment, Optometrists are more able than general medical practitioners to determine the necessity and urgency of secondary and tertiary eye care. Increased utilization of optometrists for vision and eye care by way of medical practitioner referral can result in convenient, improved, and more timely patient care and reduced Government eye care costs. This would be of particular benefit to Albertans residing in rural and smaller urban centres where optometrists are the only available vision care professional.

- Broaden Access to Institutional Resources

Optometric care within institutional facilities could easily produce economies in public spending and enhanced patient care. Optometrists could be more involved in extended care facilities, low vision clinics, and hospitals.

Involve Optometry in the Health Care Planning Process

The Alberta Association of Optometrists urges the Government to establish a vision care planning process whereby the issues and the goals set out in the Order in Council and terms of reference of the Premier's Commission on the Future Health Care Needs of Albertans will be dealt with on an ongoing basis. Four ways by which Optometry's role in this planning process may be achieved are:

- Formation of a Standing Committee on Eye and Vision

A standing committee would examine evolving vision and health care issues, goals, and costs. The objective of the committee would be to encourage the most effective use of professional health care resources and encourage development of innovative preventive and remedial health services. The committee should have representation from the professions of Medicine and Optometry, from each of the Departments of Health, of Education, and of Social Services, and a member of the general public. Input could also be solicited from other groups including ophthalmic dispensers, public health nurses, and interested public organizations.

- Use of Optometric Consultants

Optometrists should be involved as consultants in various Government Departments to plan and assist in vision care matters such as development of vision standards and the establishment of policy. Optometry's professional knowledge and understanding of the way the vision system works will be of invaluable assistance to Departments such as Workers' Compensation, Social Services, Health, and Education.

- Appointment of Government Department Vision Care Liaison Personnel

Government Departments should appoint personnel to liaise with vision care providers and to become conversant with vision and eye care issues. Optometry would meet regularly with these appointees to keep them abreast of optometric matters and to consult on the development of government programs.

- Encourage Interprofessional Relations

Co-operative relations between health care professions could assist government to plan and establish sound health care policy. Optometry and Ophthalmology, in particular, could work together for the betterment of patient care and for long-term economy and efficiency of manpower. Initiatives to improve relations with Medicine, including Ophthalmology, are presently underway, but ongoing stimulus from government would be valuable. Improved co-operation among vision care professionals and their professional bodies could ease the Government planning process and benefit the public generally.

Conclusion

The Alberta Association of Optometrists hopes that the information provided in this report will help Commission members carry out the terms of reference of the Premier's Commission, including particularly:

"B. To examine the role and responsibilities...of...medical and related health care professions... and governments in planning, delivering, and funding future health care services and programs";

"C. To examine incentives and mechanisms to maintain the quality and accessibility of health services; to encourage the most innovative, effective, and economical use of health resources and to focus on the promotion of health and the prevention of disease";

Government adoption of the recommendations made in this report would encourage innovative, effective and economical use of vision care

resources and result in greater promotion of vision health and early detection and prevention of vision and systemic disease among Albertans.



Alberta Association of Registered Nurses

11620 - 168 Street
Edmonton, Alberta T5M 3T9
Contact: Ms. Sharon Snell, President

Summary and Recommendations

There is no question that cost-containment in health care and the achievement of "Health For All" is the wave of the future in Canada. The initial step towards this goal in Alberta is the design and implementation of a health care system reflecting the primary health care model. Changing nursing roles, and increasingly higher educational standards for nurses to meet the expectations generated from these roles, point the way for nurses to be major health care providers in a primary health care system. All beginning practitioners of nursing will be university educated by the year 2000. Nurses are now, and will continue to be, prepared to meet the challenges of the future.

A way to apply the primary health care model and reorganize health services in Alberta to provide for full utilization of the skills of all health professionals has been presented in this Brief. The following recommendations are made within the context of the goal of "Health For All" in the future.

Recommendations

- That the principles of primary health care be adopted to guide the planning for a future health care system in Alberta.
- That the primary health care model be used as a framework for the design of a new future oriented health care system.
- That operationalization of the principles of

primary health care be initiated by establishing an Alberta Government Department of Health to encompass and administer all health services in Alberta.

- That current health care services be assessed in light of the primary health care model to determine the allocation and re-allocation of resources in the health sector.
- That the Alberta Health Care Insurance Plan be amended to include the services of health care practitioners as *Insured Health Services* in accordance with Section 9 of the Canada Health Act.
- That the Government support the position taken by the A.A.R.N. (1979) and C.N.A. (1982) that a baccalaureate degree in nursing be the minimum educational requirement to enter the nursing profession by the year 2000.
- That funding for the Ph.D. program in nursing at the University of Alberta be provided immediately and support be given for a Ph.D. program in nursing at the University of Calgary.
- That the Alberta universities be supported in the continued development and expansion of *undergraduate* programming in nursing in Alberta.
- That the Alberta universities be supported in the continued development and expansion of *graduate* programming in nursing in Alberta



Alberta Association of Registered Occupational Therapists

Suite 300, Centre 104
5241 Calgary Trail
Edmonton, Alberta T0H 5G8
Contact: Ms. Heather Chilton, President

The Association organized its Brief under four

broad issues rather than problems presenting recommendations with a supportive rationale.

• Wellness: Health Promotion

- We must educate and promote healthy lifestyles.
- Occupational therapy is aimed at preventing or retarding disorders or reducing dysfunctional disorders among disabled persons.
- The Government should promote and fund community alternatives rather than build more facilities.
- There should be a greater variety of senior housing alternatives.
- Long-term patients should not be kept in acute care facilities. Everything possible should be done to keep people in their own homes as long as possible.
- Teams of specialists should travel to outlying rural areas.

• Client Independence

- Occupational Therapists assist clients to remain independent longer. They can also train homemakers to provide therapeutic services. Occupational therapy should be designated an essential service under the Home Care Regulations.

• Lifestyle: Quality of Life

- Seniors will be the major clientele for health and social services in the next 2 or 3 decades.
- We should implement adult day programs and provide other forms of respite care.
- Day hospitals should also be provided.
- Formalized respite care should include both home care and lodges. Those in long-term care facilities should be encouraged to visit home on weekends and supported in doing so.
- Hospices for the terminally ill should be established.

• Maintenance of Health Care

- There should be inservice training

programs for all health providers. The Alberta Association provides such services.

- Therapists have unique skills that cover such things as psycho-social and physiological dysfunction. They are holistic and specific to the needs of the psycho-geriatric population and their families.
- They advocated an increased enrollment in the O.T. program at the U. of A. The quota will increase from 40 to 65 in 1990.
- There should be incentives for graduates to move into the rural areas of the Province.



Alberta Association of Social Workers

11831 - 123 Street
Edmonton, Alberta T5L 0G7
Contact: Ms. Margaret Dewhurst,
President

Recommendations

Poverty & Health

- Incomes should be raised, at least, to the equivalent of the poverty line so that families can deal with issues of undernourishment, housing inadequacies and other conditions related to the consequences of poverty.

Comment: As mentioned in the Canadian Hospital Association's Exploring the Future of Hospitals in Canada - A Definition Study, "Today's health care system is picking up the human results of the deficiencies in Canada's distribution of income, housing and its social system in general."

- The conditions of loneliness, poverty, poor living conditions and isolation which contribute to health problems should be addressed as part of an assault on Alberta's/Canada's health care problems.

Comment: Dr. John Cassel's comments in a

presentation at John Hopkins University sums it up -

"... a remarkably similar set of social circumstances characterizes people who develop tuberculosis and schizophrenia, become alcoholics, are victims of multiple accidents, or commit suicide. Common to all these people is a marginal status in society. They are individuals who, for a variety of reasons (e.g. ethnic minorities rejected by the dominant majority in their neighborhood; high sustained rates of residential mobility; broken homes or isolated living circumstances), have been deprived of meaningful social contact."

The Alberta Association of Social Workers contends that the social circumstances involved in any illness are highly significant factors and need to be given more consideration both on a personal and a policy level.

Integrated Health Organization(s)

- A governmental and service delivery structure which integrates the elements of health care encompassed in the World Health Organization definition should be developed. (This would, in effect, bring Community and Occupational Health into a closer relationship with Hospitals and Medical Care.)

Comment: From *Can We Control Health Care Costs* (Health Management Quarterly): "Squeezing spending reductions out of one part of the medical (health care) system leads to bulging at the opposite end."

Generally, expenditures in the areas of promotion, prevention and research lose in the competition with day-to-day health care costs. Integrating the various parts of the system should increase the efficient use of the health care dollar.

Social Work in Health Care

- Social Work services should be available throughout all segments of the health care system. This should include Social Work consultants within the governmental health care organizations(s).

Comment: Current ratios imposed in extended care facilities, e.g. one social worker per 200 beds, limits the opportunities for finding and organizing alternative placements, including care in family situations.

Social Workers, as members of quick response teams in various hospitals, have proven their effectiveness by finding alternatives to hospitalization.

Social Workers should have the conditions that are available to other professionals, e.g. Psychologists, to receive fee-for-service payments from extended medical care insurance coverage.

Organizational Efficiency in Community Care

- Family and Community Support Services and Community Health Services should be integrated to increase their impact in improving health care services.

Comment: This recommendation relates to the inherent ingredients in the World Health Organization's definition of health and the benefits to be garnered from integrating health services.

Community Networks and Health Care

- Social Workers should be utilized to build community networks of support as part of the preventive measures that reduce health care expenditures.

Comment: Extensive literature and research supports the contention that groups, be they neighborhoods, communities, or other groups, can provide substantial support to individuals in their midst. Groups, like individuals, may need some initial assistance to realize the potential they have to be more self-reliant.

Improve Mental Health Funding

- Funding for mental health services should be raised to a level equivalent to that which exists for other health care services.

Comment: As an example, the global budget for mental hospitals is about the equivalent of \$245 per bed per day for mental health care for acute and chronically psychosocially disabled

patients; non-urban general hospitals receive over \$300 per bed per day to provide care that is less acute or complicated.

Health Care Alternatives

- Systems of care which reduce reliance on hospital-based care should be provided as an alternative to hospital construction.

Comment: The capital construction and in-patient costs of hospital care are substantial contributors to health care costs. Integrated health care systems would reduce such costs, e.g. the New Brunswick extra-mural hospital concept.

As stated in the Canadian Hospital Association's *Exploring the Future*, "The role of the hospital is shaped by the role and availability of other community health services, the capabilities of medical technology, disease patterns, and the prevailing philosophy of disease treatment and health promotion."

Stress and Illness

- The role of stress in the creation of health problems must be recognized and addressed in educational and treatment roles by all health care professionals.

Comment: The expert work of a prominent Canadian, Selye, and American authors, Holmes and Rahe, needs to be more widely used in health care interventions. The emerging knowledge about "boom towns" and community collapses can be used to prevent or ameliorate the effects of change-related stress. Current information about healthy/unhealthy situational work circumstances can be effectively utilized in preventing some major health care expenditures.

Personal Involvement in Health Care

- Emphasis should be placed on fully involving and informing individuals about their lifestyle options and how these relate to personal health care.

All members of health care professions must be prepared to more fully involve patients in their own health care.

Comment: The Alberta Medical Association contends that the effect of lifestyle choices leading to self-induced illness accounts for expenditures totalling one hundred million dollars per year.

There is significant evidence supporting the contention that, by informing and involving patients in their own care, their ability to recover and manage their own health care is enhanced.



Alberta Cancer Board

6th Floor, 9707 - 110 Street
Edmonton, Alberta T5K 2L9
Contact: Dr. J.M. Turc, President

The Alberta Cancer Board has identified several factors which will have a major impact on the future cancer care needs of Albertans, including the following:

- Statistics show that:
 - cancer is the second leading cause of male and female deaths for both adults and children in Canada and Alberta;
 - one in three Albertans will develop some form of cancer during their lives;
 - in 1988 there were approximately 11,500 new cases and 7,200 deaths from cancer in Alberta;
 - the prevalence of patients in the community requiring cancer treatment, monitoring and follow-up has increased 372% or an average of 18% per year over the past twenty years;
 - the incidence of cancer is projected to increase by approximately 50% between 1988 and 2001 due to the increasing population size, changing age distribution and increasing incidence of cancer (the average annual increase in the incidence of all cancers in males has been 1.8% and in females 0.8% since 1970); and
 - 73% of Albertans diagnosed with cancer have surgical intervention.
- Scientific and technological developments have increased the complexity of cancer diagnosis and treatment, and the need for professional specialization and expertise.
- Major research breakthroughs in cancer treatment associated with current or future research are not anticipated within the next 10-15 years.

The above factors will translate into:

- increased human and financial resource needs;
- greater emphasis on the maintenance and enhancement of continuity of care within a multidisciplinary setting to achieve optimal cancer outcomes;
- increasing pressures for effective treatment and prevention modalities that can only be achieved through ongoing research; and
- enhancement of health promotion and cancer prevention programs.

The following strategies for **Meeting Future Cancer Needs** have been proposed.

• Adequate Funding and Cost Containment

Strategy options for securing alternate funding sources include:

- entering into cost sharing agreements with pharmaceutical companies for cancer drugs and research;
- entering into joint ventures with private sector industries (for example, computer imaging) for additional revenue and technological development;
- attracting new patient markets such as bordering U.S. states and Pacific Rim countries;

Strategies for cost containment include:

- centralization of research facilities and expertise to consolidate efforts and resources and avoid duplication (at present, two Universities conduct research independent of facilities under the jurisdiction of the Alberta Cancer Board);
- decentralization of programs/services with emphasis on less costly community-

based services, such as outreach clinics and home care;

- redefining the role of tertiary cancer care centres to promote more appropriate utilization of these high cost centres. That is, the role of tertiary care centres should be to provide specialist diagnostic and treatment facilities for patients referred from other hospitals and to provide support to community-based programs through specialist expertise and consultative services;
- the resources allocated to cancer care should reflect the large number of patients affected, but resource allocation should also reflect a sensible balance of provision of services along the entire continuum of cancer care with particular emphasis on patient services.

- **Equitable Access**

In order to improve the access of rural Albertans and ensure a more reasonable geographic equality of facility distribution, it is recommended that:

- outreach clinics to provide symptom management and chemotherapy treatment be expanded from the present six to include Cold Lake, Lac La Biche, Lloydminster, Drumheller, Edson/Hinton, Banff/Canmore, Pincher Creek and Brooks. The further development of this decentralized approach would continue to be founded on the model of tertiary level cancer treatment services and access to special consultative expertise in Edmonton and Calgary and outreach clinics in Grande Prairie, Red Deer and Lethbridge;
- other community-based services such as social services and home care be expanded.

- **Quality Cancer Care**

In addition to the availability of adequate financial resources and equitable access to cancer care, four other factors will significantly influence the future quality of cancer care. These include the planning and development of human resources, mechanisms to promote the continuity of care, research,

and cancer prevention.

- **Human Resource Planning and Development**

It is recommended that:

- in order to cope with a chronic shortage of oncology specialists which is likely to continue over the next 10-15 years, it is important that the role of these specialists be redefined and that general practitioners, nurses and nurse practitioners be prepared educationally and experientially to undertake specialist and expanded roles in cancer care;
- manpower planning and allocation of medical resident positions (eg. radiation and medical oncology) be immediately reassessed in light of epidemiological research findings that the increasing incidence and prevalence of cancer will continue for the next 15-20 years;
- surgical oncology be recognized as a subspecialty and divisions of Surgical Oncology be established in Alberta Faculties of Medicine and related teaching hospitals;
- a clinical specialist program in oncology nursing be established by the Alberta Cancer Board and Alberta Universities to develop oncology nursing clinical and education specialists in Alberta. This program would be based on the world renowned (and only other) Oncology Nursing program in the world located at the Royal Marsden Hospital in London, England. This program should provide credit towards a University degree.

- **Continuity of Care**

It is recommended that:

- a specified number of acute care hospitals be designated as surgical centres for cancer treatment;
- that there be mandatory consultation with a surgical oncology specialist prior to any surgical treatment of cancer;
- full-time surgical oncologists be employed by the Alberta Cancer Board.

Further, it is recommended that continuity of care could be enhanced by:

- the implementation of a case management system which is a strategy to coordinate human services to ensure that patients' needs are met as efficiently and effectively as possible, given the available resources. Under such a system, care is coordinated by specific "case managers" who are also patient advocates. The patient advocate role will grow increasingly important as the complexity of the system increases and the probability of patients "falling through the cracks of the system" increases.

- **Cancer Research**

It is recommended that:

- a permanently endowed research fund for cancer be established under the jurisdiction of the Alberta Cancer Board to provide a minimum of \$3M per year plus inflationary increases to support cancer research.

- **Cancer Prevention**

It is recommended that:

- an aggressive Alberta cancer prevention program be established under the auspices of the Alberta Cancer Board to build on the successes of the Steve Fonyo Cancer Prevention Program to coordinate community-based cancer prevention activities for Albertans based on proven research findings on cancer prevention.

- **Centre for Cancer Excellence**

A final strategy which would address all future objectives of cancer care would be the development of a Canadian Centre of Cancer Excellence in Alberta under the jurisdiction of the Alberta Cancer Board. Such a centre would:

- consolidate financial and human resources for cancer treatment, prevention and research for more effective utilization of scarce resources;
- provide the focus for developing an integrated system of cancer care;
- attract world class clinical and research expertise;

- attract new markets as a world class referral centre;
- ensure our leadership role in leading edge cancer treatments and research.



Alberta Community Health Nurses Society

**10720 - 79 Avenue
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Contact: Ms. Shelley Lester, Issues
Committee Chairman**

The Society acknowledges the following:

Health Care Trends

The population is aging; this trend is accompanied by more chronic health problems. Illness must be prevented through healthy management of lifestyles, environment and community factors.

Primary Health Care

There should be a shift from centralized institutional care to community health care. A model of community health care and primary health care delivers essential health care services in the areas of promotion, prevention, support, rehabilitation, and cure.

Role of the Community Health Care Nurse

The full potential of nurses as primary health care providers has yet to be realized even though they have demonstrated their ability to function in this role. Community Health Nurses are available in community locations such as homes, daycares, schools, senior lodges and residences, recreation centres, health care centres and the work place. They are in an ideal position to provide a point of entry to the system.

Nursing Education

Nurses' education must reflect changes in nursing research and practice. More em-

phasis must be given to health promotion, disease and injury prevention, and community care.

Conclusion

The current health system, based on curative services, cannot continue to provide satisfactory, affordable care to Albertans. In order to move into the next decade and century, the orientation must become truly "health" and not "illness" care. Community health nurses, ready and able to meet the challenges ahead, look forward to the opportunity to actively participate in future health care planning for Albertans.

Recommendations

- That the Government of Alberta provide increased funding for Community Health initiatives in the areas of health protection, health promotion, illness prevention and community care.
- That the Government of Alberta, in consultation with health professionals, health service providers, and local communities, implement a model of primary health care in a rural and urban setting on a pilot basis, utilizing existing public health centres in this expanded role.
- That the Government of Alberta provide funding structures to utilize Community Health Nurses as entry point practitioners into the health care system as allowed for within the Canada Health Act.
- That the Government of Alberta:
 - support the AARN's goal of baccalaureate degree in nursing as the minimum requirement for entry into professional nursing by the year 2000;
 - increase funding for nursing education programs at the undergraduate, graduate and post-graduate levels to allow increased accessibility and availability.



Alberta Council On Aging

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Edmonton, Alberta T5J 2W9
Contact: Mr. Harry Boddington,
President

Summary of Recommendations

• Health Promotion

That the government increase its funding for programs which promote health and prevent illness in the "well" seniors in the community. These programs would involve:

- education related to normal aging and development, separating ill-health from aging and strategies for promoting health and managing aging changes to individuals of all ages through the school curriculum, pre-retirement classes, senior centres and residents, health units, the media, etc. a multidisciplinary approach is required.
- health assessments provided by health unit personnel (eg. nursing audiology, dental) in "Wellness Clinics" to detect problems early, and control and minimize disease by linking elders to community resources, eg. geriatric assessment centres, fitness classes, volunteer opportunities.
- anticipatory guidance to assist individuals and their families during times of change through bereavement visits by public health nurses, aging parents courses by social services, relocation and retirement counselling by senior centres staff, etc.
- outreach home visits to the frail elderly for health monitoring by public health nurses, and to the isolated for social support by volunteer friendly visitors.
- development of self-help groups, eg. bereavement groups, senior centres.
- fluoridation of the water supply.

• Alternatives to Institutional Care

That the government redirect funds from institutional care to community alterna-

tives. This would involve funding for:

- health unit delivered home care services which provide a community-based single point of entry into long-term care.
- home care support services to individuals younger than 65 years who have chronic disabilities.
- provision for increased level of care for those clients on home care services who acquire an acute illness.
- palliative homecare.
- adequate technical support and educational opportunities for caregivers.
- respite services in the home for short-term and night care and in institutions, for vacation relief.
- adult social day programs.
- emergency alert systems.
- foot care clinics.
- outreach services/housing for elder alcoholics.
- community based psychogeriatric services.
- standards of practice for health care personnel working with older people which is based on gerontology/geriatric principles with supportive educational opportunities, both basic and ongoing (eg. homemaker's, hearing aid practitioners, drivers of special transportation, nurses).
- increased numbers of health care workers required to support older individuals with chronic illness in the community, eg. audiologists, psychogeriatric specialists, rehabilitation therapists, geriatricians.
- emergency shelter for abused elders.
- computerized pharmaceutical records with mandatory reporting of unsafe prescription profiles. Large print medication labels.
- monitoring of drug price increases.
- elimination of user fees for health care services.

• Acute Care

That government redirect resources for the management of chronic illness to early

intervention and support in the community so that acute care hospitals are optimally utilized in terms of treatment strategies and length of stay. This would involve:

- geriatric assessment and rehabilitation services directed by geriatricians, with outreach services to communities.
- day hospitals.
- emergency home support services for elders who would otherwise require admission to acute care hospital beds.
- educational services to provide audiologists, rehabilitation therapists, psychogeriatric specialists, geriatricians, etc. to meet the demands of an aging population and a shift to chronic illness.
- downplaying of heroic measures to emphasis on relief of discomfort when death is inevitable (hospice).
- assessment of new technology so that only those that have proven benefit are adopted.
- home care/public health liaison services with the hospitals so that discharge plans are set in place as soon as the individual returns home.
- transportation services available for those individuals from rural areas with special requirements who must travel to urban areas for treatment.
- universal access to health care services.
- Blue Cross coverage for private and semi-private hospital rooms for older persons.
- mandatory curriculum content in gerontology/geriatric medicine for all health care students.

• Institutional Care

That the Government provide standards of design/service for long term institutions which would include:

- home care, provided through the health units as the single point of entry for long term care, in order to create a community bias, with provision made for regular assessments and discharge if the individual's health/abilities improve.
- orientation of the older individual and

their family to the institutional setting.

- increased numbers of single rooms in institutions with some provision of adjoining doors between rooms for couples.
- provision for the spouse to join his/her mate in a long-term setting if only one needs care.
- increased size of rooms.
- attention to security of personal effects.
- adequate staff/resident ratios.
- standards of care based on geriatric/gerontology principles.
- staff with basic and ongoing education in normal aging/geriatrics.
- multidisciplinary input into services – pastoral care, occupational/physiotherapy and recreation/socialization opportunities.
- medication monitoring.
- specialized units for the mentally dysfunctioning.
- resident appeal process for unresolved concerns.
- integration of institutions into the community.
- innovative designs/multi-level complexes.
- health input into lodges, eg. linkage with health units to provide health monitoring, guidance, re: provisions of special diets, medication administration.
- conversion of some beds in rural hospitals to auxiliary level care.
- funding of institutions on a non-profit basis.



Alberta Dental Association

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Executive Summary

This document has been prepared in response

to the request for submissions by the Premier's Commission on Future Health Care for Albertans. A special Alberta Dental Association Task Force was established to coordinate the submission and to ensure that the opinions and recommendations expressed in this paper accurately represent the position of organized dentistry in Alberta. In the development of this paper the Task Force has been guided by the Terms of Reference established by the Premier's Commission.

Future Health Care for Albertans is considered in this paper from a health promotion perspective. The Alberta Dental Association believes that dental health care in the future should be seen as an integral and essential part of total health care. A framework for future dental health promotion is presented in this document by means of a participation model. This model illustrates the linkages between participants, social systems, activities and outcomes that are essential for the coordination of future health care strategies and efforts.

Future dental health care is discussed under seven major headings: Demographics; Disease Patterns; the Social Impact of Dental Disease; Oral Health Care Delivery Alternatives; Financing Future Dental Health Care; Dental Health Education and the Role of Government in Dental Health Promotion. In all, fifteen issues are identified and forty-four recommendations are presented.

In the next 25 years, Albertan society will change as a result of population growth, aging, immigration, and settlement patterns, as well as shifts in socio-economic composition and socio-cultural value orientation. Recommendations for future dental health care emphasize the delivery of preventive programs to children, seniors, handicapped and institutionalized individuals and target comprehensive dental plans at low income families. Other recommendations for future dental health care include: portable dental plans to address increased future labour market mobility; enhanced Provincial input into immigration policy; Government funding for dental education; and, the establishment of a system to track social changes and their impact on dental services.

Disease patterns are discussed relative to the changing shape and composition of our society. The lack of Alberta data available indicates the need for a comprehensive survey on the oral health status of adults and seniors to establish data for program planning.

In general, more support and emphasis needs to be placed on dental health promotion and prevention efforts. Health plan administrators are encouraged to include preventive dental procedures in basic health coverage. Preventive programs for Alberta children are strongly recommended.

It is extremely difficult to estimate the impact of infectious diseases on the delivery of future dental health care services. It is clear, however, that the Alberta Dental Association must be invited to participate with government and other health care groups to develop a consistent approach to infectious disease control policies and procedures.

Chronic dental health problems are related to work loss and other issues which collectively and individually influence our quality of life. Research is required to more fully understand the social impact of dental disease on Alberta society.

Dental health promotion, the prevention of oral disease, dental treatment, research and development are oral health care delivery issues. A re-assessment of our present health care delivery system is required to meet the future oral health needs of Albertans (as an integral part of total health care).

The Alberta Dental Association must be included as an active participant in a consultative planning process to identify priority areas for health promotion policy development. In addition, existing government programs and agencies should be reviewed to enhance their resources for dental health promotion and prevention activities. A facilitator for health promotion, planning and coordination should be appointed to consult with health providers and others, in order to establish terms of reference for effective health promotion in Alberta.

Prevention of oral disease will be a major

aspect of future dental health care policies and programs. The Alberta Dental Association can provide direction and professional expertise in research and education to assist government in developing and implementing preventive dental programs, and encourages government to establish a mechanism to access these professional dental resources. Other methods of preventing oral disease include mandatory community water fluoridation, increased funding for preventive programs, research, education, and the development of community-based dental projects in specific target areas (inner-city, low-income areas).

Dental treatment patterns in the next twenty five years will reflect the oral health care needs of an older population. Public education will be required to inform adults of the prevalence of dental disease. Dental professionals must be provided with continuing education to increase their awareness of advances in geriatric dentistry.

Research into new treatment techniques will ensure that Albertans have access to effective and up-to-date dental care. Dental research requirements should be cooperatively identified by the Government, the Faculty of Dentistry, University of Alberta and the Alberta Dental Association. As well, the Government and the University of Alberta should ensure that the Faculty of Dentistry has the necessary resources to fulfill its future research obligations.

Present government funding criteria for dental research must be reviewed to increase access to program funds for clinical dental research projects. In addition, alternative methods for funding dental research should be studied and a Foundation for Dental Research established, similar to the Foundations for Medical and Nursing Research.

The Alberta Dental Association recognizes that economic barriers limit access to dental health care for some Albertans. Dental health care programs should be expanded and alternatives sought to provide dental care for those with no dental plans and limited means.

Policies should be formulated which will encourage dental program development for

specific population groups, based on financial need, and a government program should be targeted at children of low income families. The dental health care needs of children can also be positively impacted through the expansion of the preventive children's dental program carried out through the Public Health Units.

In line with the government's privatization initiative, the Alberta Dental Association should be used to administer provincial dental programs. In all cases, the Alberta Dental Association should be consulted in reference to the design and development of dental policies and programs.

Future dental health education must address the needs of the public and the profession. The Government of Alberta and the Alberta Dental Association should cooperate to research and coordinate an effective public dental education strategy for a province-wide campaign. To educate future dentists it will be necessary to build a new facility as part of the Health Sciences Centre. Increased funding will be required to upgrade the curriculum and to allow the dental school to expand its operations to become a centre for continuing education.

Government needs to play a major role in health promotion. The Alberta Dental Association recommends that the government collaborate to develop a policy framework for public dental health promotion. The role of the Provincial Dental Director should be expanded and all dental matters consolidated under the Office of the Dental Director.

Consultation with the Alberta Dental Association regarding joint Federal/Provincial dental care programs will ensure that the delivery of dental care to Albertans reflects the needs of the public.

A review of all legislation relevant to Dentistry in Alberta should be undertaken to determine where amendments may be introduced to support dental health promotion and prevention efforts and changing treatment directions. Most importantly, the Government should review The Public Health Act to reclassify dentistry as an essential program.

The Alberta Dental Association has a history of excellence in the prevention and treatment of dental disease. Past efforts have highlighted the commitment of the profession to public education and quality dental care. The issues and recommendations identified above illustrate the continued dedication of Alberta's dental professionals to the future health of Albertans.

Health promotion requires the cooperative participation of all parts of society. The efforts of health providers, governments, educational institutions, business, industry and the public must be coordinated to ensure the achievement of optimum health for future Albertans. Long and short-term strategies will have to be designed to implement the dental health promotion recommendations brought forward in this submission. The Alberta Dental Association, as the major provider of oral health care services to Albertans, will be a primary participant in the design and implementation of future health promotion strategies.



Alberta Foundation for Nursing Research

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Contact: Dr. Marilyn Wood,
Vice-Chairman**

Recommendations

The AFNR Board of Directors respectfully recommends that in its report:

The Commission cites nursing research as being of key relevance to the future health care of Albertans and recommends definitive provision for endowment funding and an autonomous structure for the development and use of nursing research in Alberta, the ultimate aim being to efficiently and effectively improve health and illness care through nursing research.

Of critical importance in these endeavors is that the timing and the amount of the endowment are such that they will provide adequate support for nursing research projects and nurse researchers, the preparation of nurse researchers, and the dissemination and implementation of generalizable nursing research findings. Specific examples of providing these types of support and the guidelines underlying their development are cited in Appendix F of the brief.

The Government of Alberta has made an outstanding contribution in establishing a foundation for nursing research. The AFNR Board of Directors believes that an autonomous, endowed approach would both markedly strengthen the development and utilization of nursing research in Alberta – and improve health and illness care through nursing research.



Alberta Friends of Schizophrenics

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Contact: Mr. Al Rupprecht, Provincial President

Executive Summary

In the past thirty years, there has been a dramatic shift in focus from treatment in the hospital to the community. However, there is not a co-ordinated support system for patients who have been returned to the community. These supports are essential for the promotion and maintenance of mental and physical well-being. As such, maintenance of the present standard will fall short of need and will perpetuate the status of mentally ill persons as second class consumers.

This submission by the Alberta Friends of Schizophrenics encourages planners to look beyond those aspects of care customarily associated with treatment of illness. In particular, our organization strongly supports the following recommendations:

- That future policies regarding mentally ill persons be formulated in light of their right to treatment and that services reflect these policies.
- That crisis intervention and information services be set up across the Province and that they be in operation twenty-four hours per day and three hundred sixty-five days of the year.
- That medical schools place greater emphasis on mental illnesses and that ongoing information be provided to psychiatrists through their professional associations.
- That all service providers who frequently work with the mentally ill be educated regarding the conditions that afflict them.
- That the Government move quickly to put additional designated facilities in place.
- That case management should be further developed with special emphasis on assertive follow-up of clients who might otherwise slip through the cracks.
- That a specialized program be developed to address the particular needs of substance abusers who also suffer from mental illness.
- That continuing and increasing education and encouragement be given to families of the mentally ill in the years ahead.
- That consideration be given to involuntary outpatient treatment as less restrictive than involuntary hospital treatment and possibly more appropriate for some patients.
- That a greater range of flexible housing alternatives be developed.
- That support for existing good life skills, social, recreational, and other services be increased to allow expansion and continued efforts toward excellence.
- That similar services be developed in centres of sufficient size, where they are now lacking.

- That greatly increased attention be given to real employment for those who suffer from mental illnesses.
- That in each region of the Province an authority be designated with responsibility for co-ordination of all mental health related services in that region.
- That increased attention be given to the need for research into mental illnesses – their treatments, prevention and cures.
- That the Government of Alberta mount a massive campaign to educate its citizens regarding the major mental illnesses: their effects; myths and misunderstandings; the realities of life for the mentally ill; community needs and the importance of research.

The implementation of these recommendations would encourage independent living in a supportive community, and alleviate the problems experienced by mentally ill persons in the existing system. At present, the inadequacies in housing, crisis intervention and information services, training of psychiatrists and other professionals in problems associated with schizophrenia, case management services, support for families and other supportive services, exacerbate the problems experienced by persons with schizophrenia, and lead to frustration and despair for their families.



Alberta Heritage Foundation for Medical Research

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The Role of the Foundation and Its Needs

The Foundation must exploit fully the potential benefits of its major investment in basic medical research. It must develop further, in a *substantial way, clinical research in Alberta if*

the Foundation's objectives are to be met along with the secondary benefits to patient care and education. For these purposes, the endowment of the Foundation must be supplemented.

The selection in 1979 of a Foundation/Endowment mechanism for Alberta's unique medical research initiative set in place a widely accepted understanding that the endowment would be established at a level adequate to support an annual expenditure rate appropriate to the achievement of the Foundation's objectives and protection of the programs in a reasonable way against future inflation. In this way, the Foundation, as with other foundations, would achieve self sufficiency by prudent management of expenditure and investment practices.

The initial endowment of \$300 million, a best estimate, was set as a starting position with interest earnings and retained unexpended interest available to the Foundation for annual expenditure. The very uniqueness of this initiative required that a period of exploration be completed before the amount of the endowment was more firmly, and finally, established. Many questions required study and decision, i.e., the focus of the research to be funded, the range of costs of research that would be encountered by the Foundation, the response of national (public and private) and other provincial agencies to the initiative, etc. An exploratory period of some five to six years would be required to define and answer these and other issues. Therefore, as outlined in the Foundation's Act of Incorporation, a review of the adequacy of the endowment would be undertaken following this exploratory period. The review would follow receipt of the first International Board of Review; a review also required under the terms of the Act. The Select Committee for the Heritage Savings Trust Fund would then undertake to review the adequacy of the endowment. The report of the first International Board of Review (1986) was highly favorable, supporting the Foundation's structure and objectives fully, and has been submitted to the legislature of the Province of Alberta. The Foundation, having submitted a request for additional funding, now awaits the outcome of this review.

Because the programs of the Foundation attract research investment from many sources and because of the importance of medical research to health, an annual expenditure rate from any one source is difficult to set. The Foundation wishes to provide for the establishment of some 200 scientists to ensure an adequate range of expertise and the numbers required to ensure effective multidisciplinary groups working in an adequate environment. By forecasting the use of cost sharing mechanisms, by optimizing the use of resources and restructuring the present expenditure pattern, the Foundation estimates that the endowment must be supplemented by some \$150 million.

A response to this request is now critical to planning for the future of existing and proposed research initiatives. Denial of supplementation will require that the Foundation reduce its annual expenditure rate severely to the serious detriment of the high morale and momentum of one of Alberta's most widely recognized initiatives under the Heritage Savings Trust Fund.

The Foundation seeks the support of the Commission for supplementation of the endowment; supplementation sufficient to result in self-sufficiency and the achievement of the Foundation's widely recognized and respected objectives. Achievement of those objectives urgently requires new and expanded initiatives in patient-based research.



Alberta Hospital Association

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Contact: Mr. E.J. Crowther, Chairman

Conclusions and Recommendations

The Alberta Hospital Association's number one priority during 1988 was the preparation of its submission to this Commission on behalf of all of its membership in their individual

capacities to pilot the institutional health care system now and into the 21st Century. As such we represent the interests of our members in the areas of financial management, staff management and the management of patient care where our members have first and foremost responsibility and the greatest scope of influence and control over events.

The importance of the person is the fundamental guiding principle for our members and we have been most encouraged by the Commission's statement that "each citizen has the opportunity to achieve quality of life through good health not only physically but also in the mental, spiritual, social and economic spheres." We would encourage the government, through this Commission, that "Albertans should take more personal responsibility for their own well being and be encouraged to take more control over their own health and illness care." It is for this reason that we recommend greater attention to health promotion and illness prevention. We believe that the development of the single ministry of Health will go a long way toward establishing the necessary structure in the institutional system and "basic, comprehensive, quality, illness care (that) should continue to be available to each and every Albertan."

We join with the Commission in seeking ways of encouraging planned change and as such have proposed a means of planning such change which would involve client, community, practitioner, institutional manager and government in seeking ways to balance supply and demand of services and resources. Furthermore, we have spent considerable energy in sharing our members' views with regard to the concept of an integrated, co-ordinated community health service as it affects the management of the institutional sector.

Furthermore, we have suggested some modification which would allow taking advantage of existing trends such as single entry assessment and placement and the rationalization of services on a voluntary basis. We believe these suggestions coupled with our proposals on long range planning and a new funding system will allow our members to manage more effectively within their role as system managers.

Albertans support the tenets of the Canada Health Act and value their provincial health care system highly. Most evidence indicates Canada's health care system is one of the best in the world and is moderate in cost. As we adapt to meet the changing requirements of the 21st Century, we must be careful to preserve the social policy, human resources and physical infrastructure assets we have developed over the last few decades.

Recommendations

We have described our members' view of what future health care for Albertans will be from the institutional system managers' perspective. That was accomplished in our Interim Brief. We have highlighted from that same viewpoint what our members believe ought to be the process for achieving that view.

Some of our recommendations are within our own span of control. Some look beyond to say "we need help from other segments of the system to manage this better." We briefly outline those recommendations here.

- The AHA congratulates the Commission in selecting total citizen care as its primary mission. In order to assist in fulfilling this mission, we strongly recommend that Pastoral Care services be recognized as a legitimate hospital expense in order to assimilate the wholeness of the person in treating his disease while promoting wellness.
- We recommend greater attention to health promotion and illness prevention. We further request significant expenditures be earmarked to provide such programs through our health care facilities.
- We join with the Commission in recommending greater individual responsibility for one's own health. We will encourage our members continue to endeavour to provide public and patient education programs for health promotion and illness prevention.
- We applaud Alberta Health for displaying the single ministry concept. We recommend that the Commission take steps to assure that coordination of services in this new ministry prepare for future needs. We trust this new ministry will develop into a less complicated structure.
- We recommend that the report "A New Vision for Long-Term Care – Meeting the Need" be promoted by the Commission as a first step in providing clear leadership in directing health care resources for the future care of Albertans.
- We recommend the development of a structured long-term plan for health services and resources be undertaken, based on health needs not political pressures, with input from professionals, providers and the public. Such cooperative efforts will enhance and improve the identification of the Province's health care priorities and prepare Albertans for the future.
- We recommend integration of community and institutional mental health services under the control and direction of the single ministry.
- We recommend the review and definition of the role of all health care facility patterns, in order to develop health care networks from rural to regional to tertiary care centres. With this development, we envisage the rural facility will achieve appropriate and greater definition and expansion.
- We strongly encourage a shift from unnecessary expensive inpatient programs to innovative outpatient, ambulatory, community-based programs.
- We recommend the adoption and implementation of the single point-of-entry system. However, we accept the necessity of the structure of this system being flexible enough to accommodate and adjust to the unique circumstances that exist from region to region and community to community throughout the Province.
- We recommend the Commission support a voluntary basis for the development of regionalization; incentives that encourage voluntary regional coordination of services; and funding on a group basis that promotes regional cooperation.

- We recommend that government departments work together with professional associations to address immediate manpower concerns related to supply and retention of various health care disciplines.
- We recommend a careful review of present and future privatization efforts in order to avoid erosion of the public system through unnecessary duplication and unfair competition.
- We recommend that efforts continue in the development of a new funding system that recognizes a more efficient and effective manner of provision and utilization of services.
- We recommend that, as we prepare to meet the challenge of the twenty-first century and propose innovative schemes to provide for the future, we do not lose sight of the need to preserve social policy, human resources and physical infrastructure assets that have developed over the last few decades.



Alberta Long-Term Care Association

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The Alberta Long-Term Care Association represents over half the nursing home beds in the Province. The Association collaborated with the Director of Nursing in many member facilities. They believe that the role of long-term care nursing needs to be separately addressed.

Discussions & Recommendations

The Association strongly identifies a need for a broad systems orientation to long-term care planning and suggest the following direction:

- coordination of service delivery

- analysis of reasons for growth in services
- more focused program direction and service operation

Recommendations

- Direction for Change

- Overall Policy

Government should identify and enunciate to the public its overall policy regarding delivery of services to the elderly. We believe this policy should be based on reducing the system's dependence on inpatient beds and increasing methods of coordination among service providers.

- Scope of Long-Term Care Services

The scope of long-term care services be defined in keeping with the intent of the Canadian Hospital Association's definition. Such a definition should incorporate a listing of those specific services to be encompassed within it.

- Structure of the System

Review of the current system structure leading to its affirmation or alteration to ensure that all elements support the intended service objectives and system development. We believe that the following elements should be considered:

- policy/legislation;
- organizational structure (provincial and regional);
- funding mechanisms and budget allocation; and
- operational controls and evaluation measures.

- Market Incentives

- Pilot Projects

Government should continue to promote marketplace testing of new initiatives (eg. respite care, clinical teaching units, and other organizational structures such as HMO's).

- Upgrading of Physical Facilities

Reinvestment should be directed toward

achieving some commonality of environments and program capability among all existing long-term care facilities.

- Day Hospitals

The full service potential of Day Hospitals should be realized by supporting their community emphasis and clarifying their mandate within the provincial system.

- Lodges

An increased emphasis on health service integration suggests that the future role of lodges should be clarified.

- System Buffers

Services should be planned throughout the Province which will provide short-term institutional care relief and a service coordination function for persons living in the community.

- Auxiliary Hospitals

Specified auxiliary hospitals should develop programs to meet selected long-term care needs and strengthen their capability to support acute hospitals by providing sub-acute programs.

- Long-Term Care Research

Establish a provincially funded Long-Term Care Research incentive for applied, clinical and organizational research into long-term care issues.

- Manpower Planning

Create a provincial strategic plan for professional and non-professional education/development in the fields of geriatrics and long-term care.

Conclusion

Given the facts that services for the elderly can be considered in the broadest sense to include income support programs, life enrichment services, community services and institutional care and that an elderly person's well being and independence may draw on services within one or more of these service types.



Alberta Medical Association

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Contact: Dr. Sandy Murray, President

Executive Summary

More than five decades ago in Calgary, Canadian physicians proposed a national medical care insurance program. Alberta physicians acted on their principles in 1948 by establishing a pre-paid medicare insurance plan, Medical Services (Alberta) Inc. Today, Medicare is commonly understood as encompassing both hospital and physician care.

Although governments across Canada now complain that Medicare costs too much, the actual expenditures compare very favourably with the projections made by Mr. Justice Emmett Hall in his 1964 landmark report. The so-called "crisis" used to "justify" tighter cost controls is an artificial one which has been exacerbated by the changes in the Established Programs Financing (EPF) arrangements and by the Canada Health Act.

Alberta does not have a crisis of over-spending in health care. Since 1970-71, provincial expenditures on health care have increased by only one percentage point. But there is a crisis, one of insufficient funding, which has been accentuated by increasing demands on, and expectations of, the overall health care system.

Limited resources now demand priorities other than political ones in the planning and administration of health care. There is also a need for cooperation between governments, physicians and patients. A balance must be achieved that permits the health care system to adapt to economic pressures while neither compromising the health care of Albertans, nor succumbing to undue political pressures.

To achieve this, the AMA urges that an independent commission, the Alberta Health Services Commission (AHSC), be charged with health care planning, funding, and administration. Although directly responsible to the

Minister of Hospitals and Medical Care, the AHSC would be far enough removed from the day-to-day political process that its priorities could be established without being unduly influenced by political considerations.

The AHSC would enable health care planning to go beyond the four-or-five year planning which governments understandably operate on. It would be responsible for both health policy and fiscal year.

To help the AHSC make judgements about the appropriateness of many aspects of health care delivery, the Health Care Options Panel (HCOP) would assess developments and issues such as the priority to be placed on the introduction of new technologies and the role of alternate health care providers. The AHSC and HCOP would have to deal with at least four areas of current concern: technology, preventive medicine, ethical/legal issues, and alternate health care providers.

A major task facing the Provincial Government, or the AHSC, is to define "basic" health care for which Medicare will pay. In doing so, it will face the volatile and vexing imbroglio of distinguishing between patient "need" and "demand." For Albertans to enjoy the best health care possible, individuals must be allowed to protect themselves against all health care problems.

If first-dollar coverage is to be maintained at the current scope with the Government as the sole source of funding, then costs will likely outstrip inflation. But if the Government decides to contain costs, then services will have to be curtailed or quality reduced, i.e., rationing, with a reduction in accessibility. Indeed, such rationing is already occurring in the larger, highly specialized tertiary care hospitals, e.g., closure of wards, longer waiting lists for urgent and elective surgery.

New methods for funding hospitals, plus incentives to be efficient and innovative, must be devised. The introduction of hospital beds must be rationalized, with presently closed ones reopened before any new hospitals are constructed or existing ones expanded. Hospitals must also re-examine their policies to reduce inefficient use of hospital beds.

Hospital procedures and their costs must be identified and monitored far more effectively than currently, so that hospital expenditures can be accurately compared with out-of-hospital procedures. Unless this occurs, the work of the AHSC will be impossible.

In the years since Medicare was introduced the role of physicians has been reduced. Yet physicians are intimate with patients, far more so than any other player on the health care stage. Those with decision-making authority should demonstrate more of a willingness to hear our advice. (There is a truism in medicine: the further ones goes from the bedside, with no responsibility for the patient, the easier it becomes to be dogmatic.)

There are some who purport that others could do the physician's job with far less expense. The AMA rejects such claim. Physicians are best qualified to provide quality care for patients, and they do so at a very attractive cost. There should be, however, incentives to primary care physicians, such as family physicians and GP's to expand the range of the services in their offices to include others such as nurses, physiotherapists, and dieticians.

While there is a maldistribution of physicians in Alberta, with a potential minor disaster in rural centres within the next decade, talk of a surplus of physicians must be viewed with suspicion because the information and data does not appear to support this contention. Thus restrictions on physician freedoms, such as billing numbers, must be rejected as mechanisms to control costs (which are *not* out of line).

Patients' behavior is a major factor in health care costs, especially in their expectations from the system. More and more, patients expect perfect results from every treatment, every medication, every physician visit, plus immediate access to the newest technique, therapy or technology. The new AHSC should also consider using incentives for patients who take responsibility for their own care by leading healthy lifestyles.

Initiatives by the former Minister of Hospitals and Medical Care, Marvin Moore, to make patients aware of the costs of the health care

system and to take responsibility for their own health care are to be commended. One study found that up to 20% of admissions to active treatment hospital beds are for illnesses of a self-induced nature and cost Alberta's health care system tens of millions of dollars annually. Other "killers" such as cardiovascular disease, cancer, and trauma also reflect lifestyle choices. More public education programs to alter lifestyles are needed.

An area of cost which can be addressed is duplication of services when a patient sees several physicians on the same problem. This can often result in duplicate laboratory and radiological tests. The technology now exists for portable medical records to be coded on a card no bigger than a credit card, i.e. the AHCIP registration card. This would encourage patient responsibility, as well as reducing laboratory and radiology costs.

Alberta's aging population will increase the utilization of health care services and facilities, as well as adding costs to the system because up to 40% of health care expenditures occur in the last years of life. The widely acclaimed Canadian Medical Association Study on Care for the Elderly, Today's Challenges, Tomorrow's Options and the Mirosh Report provide valuable guidance.

Summary of Recommendations:

- That the Alberta Health Services Commission be established, and charged with the funding, planning and administration of health care in the Province of Alberta.
- That as part of the Alberta Health Services Commission, the Health Care Options Panel composed of representatives of government, physicians and patients be established, separate and at arm's length from the commission, and charged with establishing health policy independent of fiscal policy.
- That among the first charges to the new Health Care Options Panel be to define what constitutes "basic" health care.
- That the Government of Alberta convince the Government of Canada to fulfill its responsibility for funding health care by restoring its contributions to a level necessary to fulfill its commitment to the Medicare scheme.
- That the Government of Alberta urge changes to the Canada Health Act to allow flexibility and creativity in funding mechanisms.
- That the Alberta Health Services Commission designate, as one of its first priorities the revision of methods of hospital funding, in particular hospital cost accounting to allow realistic comparisons with out-of-hospital costs to the health care system.
- That priority continue to be given to initiatives which encourage physicians to pursue rural practice.
- That when information becomes available from the Canadian Medical Association Manpower Data Bank, it be used as a guide to defining manpower data and for developing recommendations regarding numbers of physicians needed to deliver health care by the year 2000.
- That the limitation of physician billing numbers as a means of controlling manpower and/or costs be rejected.
- That the Health Care Options Panel consider ethical issues raised by the introduction of new technologies, techniques, treatments, and other advances, and development of health policy based on such considerations.
- That there be changes to statute to resolve the litigation crisis.
- That patients be made more aware of the influence of lifestyle on their ultimate needs for health care, and on health care costs.
- That where patients choose to indulge in lifestyles obviously deleterious to their health, they be required to pay increased ACHIP premiums.

- That in the development of health care policy for the care of the elderly, the Alberta Health Services Commission consider the recommendations of the Canadian Medical Association report. Care for the Elderly, Today's Challenges, Tomorrow's Options.
- That the Health Care Options Panel be charged with investigating the feasibility of portable medical records.



Alberta Nursing Education Administrators

University of Alberta
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Edmonton, Alberta
Contact: Dr. Marilynn Wood,
Dean Faculty of Nursing, U. of A.

Three recommendations relating to the education of nurses have been developed by the Alberta Nursing Education Administrators. These were developed by individuals from diploma and baccalaureate nursing education programs in the Province, in anticipation of health care needs of Albertans in the year 1995 and beyond.

Executive Summary

In projecting the health care needs of Albertans in the year 1995 and beyond, a number of social trends and factors must be considered:

- demographic changes
- accessibility of information
- focus of the health care system
- community involvement in health care
- advances in medical technology

Discussion and Recommendations

The following recommendations pertaining to nursing education were presented:

- A broader and more extensive educational basis for nurses will be required.

Rationale

- Initial preparation must encompass the generic/universal skills required for practice in all parts of the health care system.
- A functional understanding of the health care system will be required.
- Consumers will have increased expectations about their health care and the services provided.
- Preparation for the "wellness/health promotion/prevention" focus must be enhanced.
- Increased emphasis on critical thinking abilities will be mandatory.
- Effective communication skills will be necessary.
- There will be a need for increased political awareness as multiple sectors of the Province become involved in health matters.
- Nursing practice will need to be based on expanding nursing research.
- Professionalism and commitment to continued learning must be an educational outcome.
- The Canadian Nurses Association "entry to practice" position addressed these needs and the members of the Alberta Nursing Education Administrators support this position.
- Advancing technologies will increasingly contribute to the complexity of the health care system.
- The nursing educational delivery system must provide increased accessibility and flexibility.

Rationale

- Current and traditional modes of educational program delivery must be augmented with flexible alternatives available to the students.

- The trend is toward mature learners with family support responsibilities.
 - Increasing numbers of learners are making career changes.
 - Decentralized learning resource centres will be required.
 - Varied modes of delivery and advanced technology must be used.
 - There must be increased educational opportunities and support in the workplace.
 - Financial assistance for part-time students must be considered.
 - Geographically distributed learning resource centres would enhance accessibility.
 - Multiple entry points to educational system must be developed.
 - Transferability of credit among institutions must be enhanced.
- Preparation at the masters and doctoral levels and continuing education for graduate nurses must be provided.

Rationale

- An increased amount of nursing research must be supported to broaden the knowledge basis for practice.
- There must be more avenues (for example, joint demonstration projects between education and practice) developed to allow for the implementation of research findings.
- There is a need for evaluation to be built into the health care system at all levels.
- Nursing research can assume an important role in the assessment of the effects of rapid technological changes on the health care system and individual quality of life.
- There is an urgent need to prepare nursing researchers at the doctoral level since research at the doctoral level is needed to advance nursing practice. Their efficiency in knowledge generation and our lack of nurses prepared at this level in Canada suggest an urgent need to fund doctoral programs in nursing.

- Continuing education will provide nurses the opportunities to keep updated and current with the rapidly changing field of practice.
- While continuing educational opportunities are important, they must not be viewed as a substitute for formal education.

Conclusion

The Alberta Nursing Education Administrators are in the process of addressing these issues. As the one group in the Province representing all diploma and baccalaureate nursing education, a forum is in place for the collaborative planning required to deal with these recommendations. Such activity is already in progress with the nursing practice sector and plans are underway to involve representatives of other relevant groups and consumers of health care in the planning for nursing education of the future. There is, however, an immediate need for fiscal support for doctoral nursing education in this Province to ensure the success of the long-range plans.



Alberta Pharmaceutical Association

10615 - 124 Street
Edmonton, Alberta T5N 1S5
Contact: Mrs. Jackie Loy

Purpose

- to protect citizens in relation to all aspects of the distribution of drugs and pharmaceutical services.
- to ensure Albertans receive the highest level of pharmacy services at a fair and equitable cost.

Conclusions

It is possible to improve our health care system by the innovative use of our resources and

personnel. The introduction of computer accessible patient-retained medical records ("smart cards") would allow health professionals to have ready access to patients' medical histories and would, therefore, ensure that optimal prescribing and monitoring of drug therapy could take place.

Pharmacists can help to ensure that drug products are appropriately used by the patient by providing pharmacy services in both traditional and non-traditional settings. Cost-effectiveness of both new and old programs must be studied thoroughly to ensure that health care funds are being utilized in the most efficient manner.

Pharmacists can also be employed as part of a program to provide balanced, unbiased drug information to physicians. Such an effort would aim to promote improved health care and provide cost savings by reducing the incidence of sub-optimal drug therapy, adverse drug reactions, and drug interactions; by promoting rational drug use in specific patient groups, e.g. the elderly; and by providing accurate information for comparison of costs of therapeutically equivalent drug therapies.

Drug utilization reviews should be employed to provide feedback to prescribers as a group or on an individual basis. Such reviews can form the basis for a continuing education effort aimed at optimizing the therapeutic benefits of drug use.

Ultimately the only way to improve the health of Albertans and to control costs is to embark on a significant educational campaign to promote healthy life-style decisions and thereby reduce the incidence of chronic debilitating diseases. Because of their special knowledge of drugs and drug products and their training in patient counselling, pharmacists both now and in the future are well qualified and eager to make significant contributions to the education and health care of Albertans. Changes must be introduced into the health care system to encourage and reward such contributions by pharmacists.

Recommendations

- Implementation of a province wide com-

puter accessible patient-retained medical records system (i.e. "smart card") should be evaluated.

- Research proposals designed to determine how pharmacists could be better utilized to provide physicians with balanced, unbiased information about drugs and drug therapy should be invited and funded.
- Pharmacist-patient consultations in non-traditional settings (i.e. family practice clinics, health units, home care teams, independent senior citizen housing), should be encouraged by providing remuneration for such professional services.
- The drug utilization review process currently conducted by the Alberta Drug Review and Utilization Group, should be expanded substantially and permanently funded through the medical care system. (See: Drug Review and Utilization Group - Executive Summary)
- An expanded public education program should be undertaken to create an awareness of the importance of drugs, proper drug use, and the pharmacist's role in promoting optimal drug therapy.

Drug Review and Utilization Group

The purpose is to encourage and achieve rational, safe, and effective drug use at a reasonable cost.

The Drug Review and Utilization Group is a broadly based joint Committee, composed of professional organizations of Medicine, Pharmacy, University, Government and the Private Sector, involved in drug utilization reviews in Alberta.

In Alberta it operates by identifying and analyzing potential problem areas in drug therapy. Helpful information is then circulated to the health professionals concerned.

This information should be included in our university programs in order to educate future practitioners.

Recommendation

- That the Government of Alberta recognize and support the work of the Drug Review and Utilization Group by providing the necessary annual operating funds to ensure its continued viability and growth.

Conclusion

The Committee is unanimously agreed that such an important initiative by the Government of Alberta would result in a significant improvement to the health care of Albertans and as importantly, in considerable cost-saving to the Health Care System.



Alberta Registered Dietitians Association

c/o Leduc Strathcona Health Unit
2011 Brentwood Boulevard
Sherwood Park, Alberta T8A 0X2
Contact: Ms. Barb Hansen, Chairman -
Legislative Committee

The Alberta Registered Dietitians Association is governed by the Registered Dietitians Act (1983) and represents more than 400 Registered Dietitians throughout the province.

The brief outlines recommendations for improving the future health of Albertans through improved nutritional care.

Recommendations

• Nutrition and Government Policy

Nutrition and its vital role in health must be recognized and reflected in government policies, with Registered Dietitians providing leadership in the development and coordination of food and nutrition policy.

• Nutrition Education

Government policy must provide for ready

accessibility of nutrition education and nutritional care to Albertans in the community by:

- Providing leadership and resources in developing health promotion strategies incorporating nutrition education into health and education programs.
 - Ensuring that adequate funding for nutrition counselling services is provided to hospital ambulatory care programs, coordinated home care programs, and other community health programs.
 - Amending the Alberta Health Care Insurance Act to include nutrition counselling by Registered Dietitians as an insured service under the Alberta Health Care Insurance Plan.
 - Supporting the development and monitoring of standards for food services in community programs.
- Nutrition and Food Services in Hospitals and Long-Term Care Facilities

All hospitals and long-term care facilities must develop and implement nutrition and food policies for the institution under the direction of Registered Dietitians by:

- Ensuring that the legislation governing institutional health care as well as resources reflect the need for Registered Dietitians to direct nutrition and food services.
- Recognizing the increasing incidence of complex disease entities that require the expertise of Registered Dietitians with specialized knowledge to develop appropriate nutrition care plans.

• Nutrition and Food Research

Nutrition and food research and evaluation systems must be recognized as being integral to continued advancement in providing for the nutritional well-being of Albertans.

• Dietetic Manpower

Provision must be made for adequate training of Registered Dietitians to meet the increasing manpower and technological

demands of the future by:

- Providing adequate resources to post secondary institutions for undergraduate training.
- Allocating adequate resources to agencies and institutions providing post-graduate training.

Conclusion

The Alberta Registered Dietitians Association advocates that nutrition is an important factor in the prevention and treatment of disease. Now and in the future, nutrition will provide one of the greatest opportunities for Albertans to exercise control over the quality of their health and well-being.

The Alberta Government must play an active role in the development of policies that promote the nutritional health of all Albertans.



Alberta Roman Catholic Bishops' Conference

Archbishop's Office
10044 - 113 Street
Edmonton, Alberta T5K 1N8
Contact: Most Rev. Joseph N. MacNeil,
Archbishop of Edmonton

All Albertans are called by God to become fully human. Among the essential dimensions of human health are high levels of physical, psychological, ethical, spiritual and social well being. Health care is a multifaceted reality, consisting of an integrated approach of preventive, curative, and rehabilitative services.

This vision of health and health care underlines the recommendations that follow and holds that although individuals are responsible for their own health and health care, every citizen has a right to the assistance of others, especially the support of the state.

Recommendations

- Health care should emphasize the promotion of positive health, not merely a cure of illness.
- The universality of health care must be upheld.
- Patients ought to retain the power to make decisions about their own health care.
- Health care planning, control and funding should be decentralized and monitored by government.
- Human life is the overarching value for society and ought to be respected at all times and at all stages.

The Bishops offer specific thought on the five dimensions of health.

Physical health and illness

The human body deserves to be treated with dignity, regardless of condition. Health professionals are reminded that the whole person must be treated. The Bishops strongly endorse physical health and nutritional health training at all levels of Alberta education.

Psychological Health and Illness

Most people with mental illness do not need to be institutionalized. They need day therapy within community-based clinics and hospitals, including follow-up therapy. Churches could be involved in this.

Ethical Health and Illness

There are ethical implications to every aspect of human health, illness, and health care. Albertans are urged to choose healthy lifestyles and take responsibility for their own health. The use of new technologies precipitate numerous bioethical dilemmas. Pastoral care and ethicists should be funded by the state.

Spiritual Health and Illness

All Albertans, religious or secular, have spiritual needs. When these needs are not met human health is negatively impacted. Pastoral care is essential to the health care system.

Social Health and Illness

Government is commended for its endorsement of voluntary health care facilities and community involvement in the health care system. This involvement fosters social ties without which no one can remain healthy, particularly the elderly. *"Aging is a normal phase of human life, not an illness."*

Training of Health Care Professionals

The education of all health care professionals should include training in ethical decision-making and the relationship of spiritual health and illness.



Alberta Senior Citizens' Homes Association

1005 Lethbridge Centre
Lethbridge, Alberta T1J 4A4
Contact: Mr. Don LeBaron

Discussion and Recommendations

During the next 25 years in terms of Lodge Care we propose the following recommendations:

- It is necessary to clarify the mandate of the Lodge Program.

"That the purpose of the Foundation is to provide affordable Room and Board for Senior Citizens who are functionally independent, with the assistance available through existing community based services and who would not otherwise be more appropriately provided for in a health care facility."

- We recommend Lodges to remain as "Homes" and not as "Institutions."
- There is a need to control increasing costs of long term care system – reduction in the proportion of long term beds in relation to the population (impact on Lodge Program).

- Look closer at Home Care; it provides an invaluable service to the Seniors of this Province and if used properly will enable cost reductions.
- There is Need for More Geriatric Training amongst all Health Care Professionals.

Conclusion

We wish to add a few final thoughts regarding the vital role of the Lodge. We look to the year 2008 and see that Lodges will be a viable, cost effective and important program for the Seniors of that day as they are now; they may be changed in design, may offer some additional services, e.g. more recreation as well as other amenities, but they will be ever more necessary then than now. There will be a great need for many of the larger numbers of Seniors of that day that are unable to remain at Home or do not wish to do so to look to a Lodge for their Home. Lodges will play an essential role in filling the gap between totally independent living (Home – Apartment) to Institutional or full care. Lodges will provide an important enriched life program component.



Alberta Society of Orthopaedic Surgeons

#216 Kingsway Profession Centre
Edmonton, Alberta
Contact: Dr. K.W. James

Concerns for the Future

- Acute Care Facilities
- Public Education
- Medical Legal Implications
- Appropriate Evacuation and Transportation of Patients
- Workers Compensation Board
- Advance in Technology
- Aging Population

Conclusion

Many of us have family members who are part of the "baby boom"... and some of us are... and we have a vested interest in the future health care for the elderly of this Province. As orthopaedic surgeons, we are the recipients of health care services as well as being a supplier of them... and we want, for Albertans, a standard of care that is at least as high, as comprehensive, as accessible, and as available as we would wish for ourselves.



Alberta Status of Women Action Committee

(Edmonton Working Women)
10724 - 60 Avenue
Edmonton, Alberta T6H 1H4
Contact: Ms. Linnie Currie

Edmonton Working Women is an autonomous feminist collective which deals with issues of specific concern to women in the paid labour force. We feel that the health care situation in Alberta is in crisis, a crisis which has been brought to the fore by the recent strike by the United Nurses of Alberta. We showed active support for the nurses during their strike. But because the strike was resolved does not mean that problems in our health care system have been eradicated. Like many women's groups and medical organizations, we believe that women have been hit hardest by these problems. The following four recommendations concern services which should be made accessible to all Albertan women.

Recommendations

- The Government of Alberta should reinstate birth control counselling, IUD insertion, tubal ligations and other medical services deinsured from Medicare funding. The deinsuring of these services discriminates against women who account for 70% of all contraceptive measures taken, who account for the majority of sterilizations and who account for the majority of the
- The Alberta government should implement mandatory sexuality education in all schools, beginning at the elementary levels. Alberta has the highest rate of teenage pregnancy in the country, due in large part to lack of information and difficulty in getting contraception. At present we are witnessing a vicious cycle in teen pregnancy: sexual ignorance leads to unwanted pregnancy which leads to early marriage and/or early single parenthood which for many then leads to divorce or separation which leads to the poverty of the single parent. Women are again the losers.
- Edmonton Working Women applauds the recent Supreme Court decision striking abortion from the Criminal Code, but we are concerned with the unconstitutional and repressive measures presently being implemented by some provincial governments, including our own. We hope that the Alberta government will take steps to remove the delay tactics presently being implemented, as they increase the risks to women's health (that is, a second opinion on a woman's request for an abortion is unnecessary and should not be mandatory). Medicare should cover the cost of an abortion, whether it be performed in a hospital or a free-standing abortion clinic; the cost must be adequate so that doctors do not avoid doing abortions simply because they're underpaid for their work. The Alberta government should ensure that women in every area of the province have access to reproductive health care centres so that they will not be forced to travel out of Alberta (as 50% of women seeking abortions in 1987 were forced to do), or turn to extremely dangerous illegal abortion. Safe, legal abortions should be a fundamental right; (if men could menstruate...). Professional, non-judgemental counselling should be provided in conjunction with these facilities.
- The Alberta government should take steps to ensure that Albertans in all areas of the province have easy access to quality mental health care services. The government must

poor in this Province and can least afford to pay for these services.

also ensure that mental health care counsellors are sufficiently trained to deal with cases of battering, incest and sexual assault, and that there are enough counsellors to deal with the number of people seeking these services.



The Alberta Union of Provincial Employees

**10451 - 170 Street
Edmonton, Alberta T5P 1S5
Contact: Ms. Pat Wocknitz, President**

About 8,500 of 44,000 work in the health care system. A summary of their concerns is presented with recommendations to the Commission.

Recommendations

- Privatization may result in poorer service. The Government should cease the trend until a proper assessment has been done, standards for private sector organizations established and communities prepared for supporting the mentally handicapped.
 - There are serious deficiencies in the regulations governing health and safety that should be corrected.
 - There is a lack of decision-making power related to work place health and safety on the part of the workers.
 - There is no provision for the frequency with which health and safety committees are to meet. They may meet long after the need has arisen.
- There should be mandatory provisions for how often the committees meet; the requirement should be at least once per month or at the call of two members of the committee, to deal with concerns as they arise.
- No provisions are made for workers who cannot perform their duties because of handicaps resulting from injuries. In the

health care field hazardous products and stress are not taken into account.

Every health care facility should have a health and safety committee with the objective of primary prevention and with the power to set standards for both the employer and employees.

- Many aspects of the education and utilization of RNA's today and in the future must be reviewed.
 - create a Review Committee with some RNA members.
 - review the RNA curriculum.
 - recognition of post-basic education courses provided by Professional Council of RNA's.
 - expand inservice opportunities.
 - more access to clinical experiences in the hospital.
 - wider use of RNA's for drug administration.
 - examine government funding, control of level of care and guidelines (as outlined in the full brief) related to RNA education and work.
 - further study in RNA utilization, nursing care delivery systems and patient care in Alberta.
 - direct employment opportunities.



Blue Cross

**10025 - 108 Street
Edmonton, Alberta T5J 1K9
Contact: Mr. George Ward, President**

Future Directions in Health Care

Although it is understandably difficult to predict with accuracy what changes the future will bring to the health care system, we believe the following factors will either continue in importance or will become important in the near future:

- AIDS
- the aging Canadian population
- more disposable income for seniors
- increased longevity for Canadians
- changes in retired individuals' lifestyles
- greater demand for community/home care
- increased incidence of chronic diseases
- greater assignment of individual responsibility for health care costs
- standardization of the Alberta ambulance system.

Conclusions

Blue Cross is dedicated to working effectively with all groups involved in the Alberta health care system. We have the expertise and a reputation for cost-effective service that is trusted by Albertans. This, combined with our not-for-profit status and the fact that we are neither a government body nor a private corporation, makes us well positioned to encourage an awareness of the important role all these parties play in cost containment and to ensure the best interests of all groups will be objectively served.

Blue Cross will continue to offer products which complement government sponsored programs. We will develop new products to meet the changing health care needs of Albertans.

We are committed to developing programs to analyse and provide information selected from our data base to aid the community as a whole.



Calgary Board of Health

P.O. Box 4016, Station C
Calgary, Alberta T2T 5T1
Contact: Ms. Jean Fraser, Chairman

The One Percent Solution

The Essence of Our Message

- Good Health Care (which is already available in Alberta) does not by itself assure good Health.
- The health of Albertans is in most respects equal to the Canadian standard but in some important aspects, inferior.
- The Health of Canadians in turn is often worse than expected when measured against the rest of the developed world.
- World class health is attainable in Alberta:
 - at an affordable cost (1% of 2.7 Billion Dollars, the current health spending in Alberta, would yield \$27,000,000.) This proposal costs \$27,000,000.
 - without any new research. The methods already exist; we need to apply what is now known.
- By paying serious attention to only five health issues, such world class health could be achieved. These five issues are so important that improvements in these areas alone would cause an enormous change in the health of Albertans.
 - Injury
 - Cardiovascular Disease
 - Reproductive Health
 - Tobacco
 - Independence of the Elderly
- The strategies needed to improve health in the five areas do not involve the provision of traditional health services but are a mixture of legislation, community organization, public and professional education.

This report contains a brief section on each of these five health areas.

The Cost

The breakdown of costs is:

Injury Control	\$ 2.0 million
Cardiovascular Disease	5.0 million
Reproductive Health	6.0 million
Tobacco	1.0 million
Independence in Old Age	11.5 million
Alberta Health Data Centre	1.5 million
Total	\$27.0 million

The Alberta Health Data Centre (at \$1.5 M per year) is needed to firmly establish baseline health data, to monitor changes in all relevant health indicators and to carry out periodic surveys of health practices. It is an essential and integral part of this proposal.

The five sections outline the specifics of each of the five areas of potential health improvement.

The Savings

It was not possible to establish hard costs for dollar savings in each area. As an offset, however, to our 1% solution, the annual savings include:

Injury Control	\$500,000,000
Cardiovascular Disease	not capable of determination
Reproductive Health	7,843,000
Tobacco	not capable of determination
Independence of the Elderly	42,500,000
Total	\$550,343,000

These savings do not measure human benefits such as fertility, freedom from pain and disability, and a longer life. Nor do they include hard-to-get-at savings such as disability payouts (e.g. injury and cardiovascular disease). The \$550 million benefit is therefore vastly understated.

The Philosophy

The overriding objective of a health system ought to be a long life in good health with maximum functioning and independence.

Instead we have premature death, unnecessary disability, high medical and social costs all because we have failed to exploit available measures in prevention. We have succumbed

to the dramatic perceived need for more high tech "curative" medicine and have ignored the affordable 1% opportunity for World Class Health.

Canadian College of Health Service Executives

Royal Alexandra Hospital
10240 Kingsway Avenue
Edmonton, Alberta T5H 3V9
Contact: Ms. Marg Johnson, President,
Northern Alberta Chapter

Recommendations

- All sectors of the health care system, including government, Boards, and health services providers must commit their efforts to the creation and strengthening of linkages within the system to increase coordination and to contribute to a continuum of care.
- Develop organizational strategies which will enhance cooperative action at the government level between health-oriented Ministries to support the development of a coordinated health care system.
- Provide support to Boards, such as more educational opportunities and self-evaluation programs, to help them fulfill their legislated mandate.
- Develop a coordinating mechanism for planning provincial health services, using a framework of provincial objectives and clear designation of accountability and authority.
- Promote trial implementation of new programs and alternative delivery systems with built-in mechanisms for evaluation.
- Develop useful management information systems for health services decision-makers, in order to ensure that good decisions are made, especially regarding the efficient allocation of limited financial resources.

- Develop financial strategies that include incentives in the form of dollars or benefits, to encourage less costly and more efficient ways of delivering health services.
- Develop mechanisms which allow service agencies to generate revenues supplemental to government funding, without compromising the founding principles of our health system.
- Develop manpower planning mechanisms capable of identifying changing manpower needs and ensuring that appropriate numbers and kinds of health care workers are available.
- Make health promotion a critical component and focus of our health care system, utilizing the same rigorous evaluation applied to the development of other new programs within the system.
- Assign resources to defined health promotion strategies, including incentives to promote the incorporation of health promotion activities into the health and education systems.

Conclusion

We believe that Canada's health care system is a good one. Its strengths should be protected and developed through careful planning and evaluation. At this time in the evolution of our health care system, the challenge is to "fine-tune" the existing system. The objectives for the future should be to improve coordination of the system and increase its efficiency and effectiveness. Canada is fortunate to have a strong foundation on which to build its health care system for the next century.



Canadian Drug Manufacturers Association

Suite 604, 1120 Finch Avenue West
Downsview, Ontario M3J 3H7
Contact: Mr. Nicholas G. Leluk, Executive Director

The Canadian Drug Manufacturers Association is a 21-member national association of Canadian-owned pharmaceutical companies engaged in research, development, manufacture and marketing of over-the-counter and generic prescription drugs both for domestic and export market sale.

Discussions & Recommendations

Alberta Prescription Costs

Social Welfare recipients – 100% paid by government. 65 and over – government pays membership in Blue Cross (80%); co-payment by seniors 20%. Low income families – government subsidizes Blue Cross. Pharmacists maintain a 25% mark-up over the wholesale microfiche, and a dispensing fee of \$6.30.

Recommendations

- In 1987 the average prescription cost in Alberta was \$21.05, the highest in Canada. It is recommended that one of the primary concerns of government should be the price spread issue.
- It is recommended that if government opted for a mandatory product selection for all Albertans, the potential savings that could be realized would be considerable.
- It is recommended that in order to maximize savings to the government and to tax payers under the government operated drug program, consideration should be given to establishing a Drug Benefit Formulary as is the case in most other provinces. The reimbursement to pharmacists providing pharmaceutical services would be on the basis of the lowest cost drug in the category for interchangeable products as in several other provinces.
- It is recommended that there could be additional savings in the cash marketplace if the cash consumer could also benefit from the use of formulary drugs. This could be achieved by ensuring that pharmacists could charge no more on the drug cost side of a prescription than the lowest cost product in his inventory unless the patient

specifically requests otherwise.

- It is recommended that under government and private sector drug plans which pay for the lowest cost drug in the category consumers should always have the right to choose a brand product, however, they should be advised that this is a "cost" decision which would require them to pay the difference in price between the brand and the generic product.
- It is recommended that every effort must be made by responsible provincial governments to encourage the use of low cost generic drugs to help meet the challenge of controlling escalating health care costs, while providing a quality health care option.
- It is recommended that the Health Protection Branch, Health and Welfare Canada, should adopt a similar 'tough' stance to that of the U.S. Food and Drug Administration thus indicating to the brand-name pharmaceutical industry that it will not tolerate misleading advertising campaigns which denigrate generic drugs and the Canadian generic drug industry.



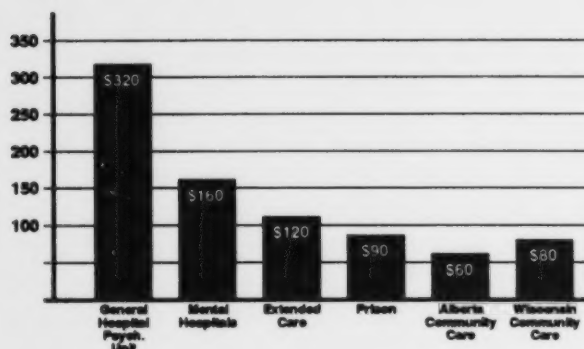
Canadian Mental Health Association

328 Capital Place
9707 - 110 Street
Edmonton, Alberta T5K 2L9
Contact: Mr. Ron LaJeunesse, Executive
Director, Alberta Division

Conclusion

The development of comprehensive community care has strong potential for dramatic cost savings over time. *The crucial factor is that community programs must be comprehensive enough to reduce the number of admissions and divert patients from institutional care.* The alternative, like Alberta, is to continue funding both systems with limited effect. The following table reflects some of the differences in the cost of institutional versus community care.

Average Cost per Patient Day



Using a very simple calculation, and assuming a new system was eventually able to reduce Mental Hospital and Extended Hospital utilization rates by the same 25% ratio as Dane County, Wisconsin, the difference in community care versus institutional care costs could result in a major reduction in health care costs;

i.e. Mental Hospitals 1,053 beds	
x 25% x \$160 x 365 days =	\$15.3M
Extended Care 386 beds x 25%	
x \$120 x 365 days =	4.2M
Total	\$19.5M
Less: Cost of community care	
@ 100 =	\$13.1M
Net Savings	\$6.4M

This figure does not take into account any potential reduction in General Hospital psychiatric service demands; however, these admissions were also dramatically reduced in the Dane County experience.

Recommendations

Alberta's traditional approach to the care of the long-term mentally ill, including current budget levels, can provide the Government of Alberta with a "window of opportunity," whereby the community system could be dramatically improved, while eventually reducing gross expenditures.

- That the Government of Alberta formally adopt the principles associated with provid-

ing a comprehensive service system for the seriously mentally ill. These principles should include:

- coordinated regional planning and administration
 - single source funding and fiscal control at the local level
 - mechanisms for funding to follow the client's services
 - individualized support in the community
 - strong consumer groups
 - promotion of natural helping networks
 - preparation of communities as patients are released; and
 - mechanisms for retraining of institutional staff
- That the Government of Alberta encourage and support the establishment of a full continuum of community care for patients with severe mental illness in all areas of the province of Alberta. The critical elements of the system would include:
 - twenty-four hour crisis intervention and psychiatric emergency services (*not* located in a hospital).
 - aggressive community management of severely mentally ill individuals and aggressive long-term follow-up.
 - extensive, organized support services relying on professionals, volunteers, family members and clients themselves.
 - an array of residential services that can be readily accessed and controlled by the primary caregivers.
 - inpatient beds and intensive psychiatric services available for short-term management.
 - a strong case management model to ensure someone is taking responsibility for management of each client.



**Canadian
Organization of
Small Business**

**Suite 103, 10301 - 108 Street
Edmonton, Alberta T5J 1L7
Contact: Mr. D. Horgan, President**

Summary

It is our joint contention that the health care currently provided is too fragmented. Not only is this resulting in a costly duplication of effort, it is also causing confusion and frustration, particularly on the part of those to whom the care is provided. We believe the solution to this problem is to take a more integrated, comprehensive approach to health care. Admittedly, this will be difficult to do, given the very human desire to "protect one's turf". But, if it isn't done, the cost of attempting to fund the current approach could well bankrupt the economy.

The two areas which directly concern us are:

- the separation of personal and occupational health services, and
- the difficulties small businesses have with the latter.

Recommendations

We recommend that special attention be given to innovative ways of promoting safety in, and delivering occupational health services to, the Province's small businesses and their employees. Some of the ways in which this might be done – and reasons for doing it – are:

- A single small business lacks the "critical mass" of employees necessary to economically provide occupational health services of the kind and quality needed. Providing the services on a group basis would help overcome this handicap.
- A co-operative, instead of an adversarial, approach to occupational health by employers and employees needs to be fostered.
- A society which has unsafe workplaces and lacks the will and/or resources to make them safe will have high compensation costs. The efforts of those employers who do strive to provide a safe working environ-

ment and preventive health services for their employees should be recognized when governments tax industry to finance compensation payments to injured or ill workers. Simple justice calls for a reduction in the amount they pay into the general pool of money used to pay compensation.

- A society which does not make provisions in advance to return injured or ill workers to productive employment as quickly as possible will also have high compensation costs. The most suitable place to try to rehabilitate the worker is back in the same workplace. This is where s/he has the social supports needed and where (presumably) everybody knows what s/he can and cannot do. In those instances where the worker may not be physically or mentally capable of doing the same work as before the injury or illness, some accommodation by both the employer and employee will be required. Since returning the employee to the former place of work could present a hardship to small business, an alternative solution would be to use the services of an outside employment agency like the Technical Services Council. This is an employer-funded agency originally set up to provide a way of putting businesses in need of technical personnel in touch with individuals seeking technical employment. Its activities have been expanded to cover other types of employment, so it already has a mechanism in place which could be further expanded and funded to cover placement of employees who are undergoing rehabilitation.
- The biggest obstacle to improving safety and occupational health in business, particularly in small business, is attitudinal. The "barbarism of the desire of immediacy", as it is termed, and shortcomings in accounting methods (which treat employees as an element of cost instead of as an asset, and generally ignore customer good will) encourage short-term cost-cutting by businesses whose goods or services lack the distinctiveness to compete on a basis other than price. Overcoming this obstacle will require a major educational program by all concerned; employers, employees (and their unions, where applicable), educators, governments and, last but not least, the media.



Canadian Red Cross Society, Alberta Division

**737-13 Avenue S.W.
Calgary, Alberta T2R 0K8
Contact: Dr. J. Culver-James**

Future of the Blood Transfusion Service in Alberta

The following are the major areas which will be of importance in the future:

- Maintaining and increasing the safety of the blood supply by developing more effective methods of donor screening and more sensitive and specific tests for viral and other microbiological contamination.
- Developing methods of viral inactivation (e.g. UV irradiation) without destroying the activity of blood products.
- Improving education among physicians, especially surgeons and anaesthetists, about the most effective and safe use of blood products. This will involve much better liaison with other doctors, at all stages of training, preferably starting in medical school.
- Continuing to participate in research into those areas of medicine where transfusion medicine has an important impact, particularly in immunology, microbiology and haematology.

New developments in bone marrow transplantation, tissue transplantation and in the more intensive treatment of haematological and other malignancies will pose increasing demands on transfusion services and it is important that they should remain flexible and efficient enough to respond to these, and to the other changes in medical practice which we should anticipate.



Canadian Union of Public Employees, Alberta Division

**526 - 26 Street, South
Lethbridge, Alberta T1J 3R4
Contact: Ms. Dolores Viney, President**

The Union represents some 9,000 health care workers that share a deep commitment to improving the health care system in the province.

We hope your Commission emphasizes, in its report to the Premier, that Albertans cherish our public medical care system and that we wish attacks upon it to end. Albertans, like other Canadians, value the Canadian tradition of medicare. The future of health care for Albertans must be a future in which the five basic principles of Canadian medicare are protected and strengthened.

Recommendations

- In addition to a return to the basic principles of medicare, it is crucial that a much greater emphasis be placed on illness prevention.
- Alberta should have a network of community-based health clinics modeled on those in Saskatchewan.
- Alberta should have a public, province-wide ambulance system similar to the one which works so well in British Columbia.
- Alberta should significantly enhance its support for home care.
- Alberta must improve health protection services for workers.
- Alberta should fully restore health insurance benefits for preventive health disciplines such as chiropractic, physical therapy, podiatry and contraceptive counselling.
- The Commission should outline concrete proposals on how to place prevention at the top of the priority list.
- The Commission should recommend that health institutions receive long-term provincial funding commitments which allow them room to plan. Operating grants should always match the rate of institutional inflation and the policy of provincial cutbacks should be abandoned in favour of consistent support for real health needs.
- The Commission should recommend against further privatization of the Alberta health system.
- The Commission should review the impact of the "free trade" deal on Alberta's health system and recommend against those aspects which threaten medicare.
- The Commission should recommend the repeal of Bill 44 which denies hospital workers the basic right to withdraw their labor.
- It is recommended that there be a move away from publicly funded encouragement for private nursing homes.
- It is recommended that health services should be universal and accessible and should be of the highest standard society can provide. This includes maintaining an adequate, permanent, trained and decently paid workforce.
- The Commission should thoroughly review what taxpayers are receiving in exchange for their subsidization of private nursing homes and we urge you to make recommendations which enhance the consistency and quality of public long-term care.



Centre for Gerontology

**Psychology Department
Biological Sciences Building
University of Alberta
Edmonton, Alberta
Contact: Dr. Brendan G. Rule, Director**

The Centre for Gerontology, established in 1983, is a research unit operating under the

auspices of the Vice President (research) at the University of Alberta. The centre focuses on issues related to aging.

Discussions & Recommendations

- Research, the only tool for advancement, cannot be left as but the last unelaborated and underdeveloped recommendation of any new vision. The bold future-directed step toward meeting the need is to recognize research as an integral part of the health care system.
- Governments of Canada and especially Alberta should be initiating leadership in promoting and funding research, not relegating the people of Alberta to a role of waiting and hoping.
- If more research were undertaken to give more specific, detailed information about various institutions, decision makers could use this information to save dollar costs and improve the well-being of residents and care givers.
- Identification of cost effective procedures and treatments can be achieved through research.
- Funds are required to develop educational programs, for professionals and paraprofessionals in a wide variety of social and health science disciplines.
- Interdisciplinary teams of specialists from the wide variety of social and health sciences are requisite to the development and implementation of appropriate and often interdependent programs.

Conclusion

The aim of this brief is to urge the government to think of research not as adjunct or ancillary to health care, but as an integral and necessary part of the health care system. Good quality care is achieved by the interaction of clinicians and researchers. Advances in treatment and rehabilitation come about by the integration of research, evaluation and care programs. Government funding must be increased for geriatric research and education.



College of Chiropractors of Alberta

#516, 10325 - 101 Street
Edmonton, Alberta T5J 3G1
Contact: Dr. Ray Graham, Vice-President

Conclusion

The coming decade will be a challenging one for the health field. Those involved in policy, and planning, will be confronted with some formidable problems and will be called upon to make some rather drastic decisions. It is already clear that economic factors alone will force on all participants (planners, deliverers and patients) a realignment of expectations. The bottom line will be to deliver universal, accessible care within our economic means to do so while at the same time respecting the patients' rights to make choices with regard to their health care. However, it could also be the most exciting decade yet encountered in health. There are social indicators to suggest that the public is responding to the need for individual responsibility for health, for preventive care, and for behaviour that enhances rather than threatens health. If at the same time we can create a supportive structure for health as well as for illness, we may experience a major assault on lifestyle illnesses. None of this precludes the need for political action for a healthier environment nor for drastic changes in areas outside of health that have health impacts. It does assume, however, a willingness to confront the problem with a minimum of sectorial interests and interprofessional territoriality.



College of Family Physicians of Canada, Alberta Chapter

11528 - 152B Avenue
Edmonton, Alberta T5X 1E8
Contact: Dr. Harland Irving, President

In the context of this brief, the Alberta Chap-

ter of the College of Family Physicians of Canada offers the following recommendations to help ensure the optimal future health of Albertans:

Recommendations

- That the development of long-term care services and facilities be a Government priority. Facilities are particularly needed in rural communities where they do not currently exist. The expansion of health care services for the elderly, especially home care and home support services should be an immediate priority. All such services and facilities need to be flexible enough to be able to adapt to local community needs.
- That the Government explore and develop ways to support families who take on the responsibility of caring for their elderly relatives.
- That medical education for family physicians in the area of geriatric care be expanded.
- That every endeavour be made to encourage and support healthy, wellness-oriented attitudes and lifestyles within our society.
- That physicians be assisted in their provision of health promotion and preventive medical services through appropriate remuneration for these services by the Alberta Health Care Insurance Commission.
- That family physicians be assisted in providing continuing care to their patients by the provision of appropriate hospital privileges.
- That supportive hospital care by family physicians be appropriately remunerated by the Alberta Health Care Insurance Commission.
- That family physician involvement in all aspects of obstetrical care be encouraged by the provision of appropriate hospital privileges.
- That a Government and University priority

be the development of postgraduate and continuing medical educational programs to train general practitioners going into rural areas in appropriate technical and procedural skills.

- That there be enough positions available in Family Medicine Postgraduate Training Programs to ensure an adequate number of family physicians to meet the future needs of Albertans.
- That the funding be made available for research on the utilization of health care resources.
- That family physicians be more involved in all aspects of health care planning.

Conclusion

In summary, family physicians offer a unique and vital service. We play an essential role in the health care system. In order to adequately meet the challenges and address the issues in the future health care of Albertans, the role of the family physician must be supported, expanded and enhanced.



College of Physical Therapists of Alberta

(Alberta Physiotherapy Association;
Independent Physical Therapists of
Alberta)

302, 6020 - 104 Street

Edmonton, Alberta T6H 5S4

Contact: Mr. David James, President

Executive Summary

While each of the above bodies has made an independent submission to the Commission, they have addressed several common areas in terms of today's issues and future needs. These are:

Pro-Active Health Care

There is consensus that the emphasis of the

current health care system, both from the funding and the delivery perspective, is focused on reactive medicine. We believe, in the interests of the health of Albertans, that this focus should move to being pro-active or preventive in nature. We believe that such a change in focus will contribute significantly towards containing the rapidly escalating costs of delivering health care and will contribute positively to the general productivity of Alberta's workers and the enrichment of the day-to-day lifestyles of citizens generally. Such a change in focus will require a strategy of "investment in health" as opposed to an expenditure on illness.

Demographic Changes

As a result of significant changes and advances in medical science and technology there has been (and will continue to be) an enormous impact on the population in terms of the need for health care services. These changes have had the most profound impact on both ends of the chronological spectrum. They have resulted in reduced infant mortality and have increased the life span of the aged and chronically ill. We see this phenomenon as creating a requirement for additional and more specialized services to these age groups. This, in turn, will mandate the need for physical therapists to effect the delivery of such specialized services not only in the clinical setting, but in the home environment as well. It will also require enhancement of the physical therapists' education to facilitate their playing a larger consultative role (in conjunction with the health care team) in both the institutional and private setting.

Health Education

The mechanisms for actively promoting "health" embrace responsibility, both on the part of the professions who provide services, and on the part of the individual citizen. While the professional aspect has been addressed contextually within "pro-active" health care, there is a significant need, in our view, to advocate "health" through health promotion. Commensurate with that, the public, irrespective of age, must have access to educational programs which will allow them to reap the benefits of being responsible for their own well-being.

In addition, we feel it essential that the public have access to guidance and counselling to facilitate some element of self-care where such is appropriate.

Professional Self-Assessment

We believe that our analysis of the future needs of health care for Albertans is appropriate and consistent with both the expectations of the funding agencies and the citizens who those agencies serve. It follows, then, that it will be necessary for the professions which make up the traditional health care team to continually re-assess their role in the delivery of diagnostic, therapeutic, and treatment services. In particular, appropriate preparation to facilitate educational, counselling and consultative requirements will have a continued need to be addressed.

This will require a greater degree on those aspects in the education of professionals; research in health care delivery mechanisms; and continuous re-evaluation of changing role requirements. A greater degree of emphasis will have to be placed on strategic manpower planning to ensure that appropriate human health resources are available to the public.



College of Physicians and Surgeons

9901 - 108 Street
Edmonton, Alberta T5K 1G9
Contact: Dr. L.H. le Riche, Registrar

Concluding Statement

The role of the provincial government in structural reform of the health care system is crucial. Top down planning has short term value only. Future policy must be developed with the consensus of all participants if it will have any significant and long term effect. Governments cannot impose their wills on unconvinced consumers or unconverted providers, they should encourage and facilitate change not impose it.

There is currently little pressure to change the existing health care structure but there is mounting anxiety regarding our ability to maintain acceptable levels of basic service. It is unlikely that continuing constraint of current practice will remain effective. Age and chronic disease will be the challenges of future decades and must be the focus of health care planning. Future directions must include policy which will put emphasis on ambulatory community based care, prevention and health promotion. Incentives to both providers and consumers which do not limit access while promoting judicious access must be initiated. The rational evaluation and introduction of new technologies is imperative.

This submission has touched on a number of the issues which the College of Physicians and Surgeons believes will represent the challenges of the next few decades. We are confident that as solutions become apparent, new problems will emerge. The most important legacy this commission could leave is the means to recognize and resolve these challenges in a coordinated, non-partisan, and representative manner.

Summary of Recommendations

- A Clear and Formal Statement of the Objective of the Health Care System of Alberta be Declared.
- The establishment of a formal policy advisory body to Government which includes representatives from those providing and receiving health care.
- Health Care policy will continue to recognize the autonomy of the profession.
- Geriatric programs in prevention and treatment are a priority in policy development.
- The development of institutional and community based geriatric assessment programs.
- The development of institutional and community based geriatric teaching programs for all physicians (undergraduate to practitioner).
- Research, education, and integration into clinical practice of health risk management must be a major priority in future planning.
- Health promotion policy that emphasizes personal responsibility for good health and encourages responsible use of health care resources.
- Health policy that encourages provider and consumer to prioritize prevention.
- The development of a community based health team concept with the affiliation of primary care physicians with other community based disciplines (horizontal integration).
- The integration of community based projects including home care, long term care institutions, and active treatment hospitals (vertical integration).
- The formation of community boards for Edmonton and Calgary to integrate all health services in these areas recognizing the special needs of the teaching hospitals.
- The decentralization of some of the responsibility for services planning and provision to the new community boards and existing regional boards.
- Manpower planning for rural communities to include consumers, providers, and educators which will establish level of service, projected needs and skills, and training programs and incentives to attract physicians.
- The integration of the health aspects of the Department of Social Services with the Department of Hospitals and Medical Care.
- The development of an integrated database of laboratory and other diagnostic services, prescription drugs and etc. to improve patient care.
- The development of new health satisfaction, outcome, and status parameters which would allow planners to better assess the success of policy in achieving its objectives.

- The prioritization of evaluative research for new technologies in controlled settings to allow informed decisions in their funding and utilization.



Consumers Association of Canada, Alberta Division

304, 10136 - 100 Street
Edmonton, Alberta T5J 0P1
Contact: Mrs. Ruth Wood, President

The Consumers Association of Canada, a voluntary non-governmental, non-profit organization, is devoted to informing consumers on a wide-range of consumer policy issues, goods and services. It provides consumers with a voice for expression of their views to government, trade and industry.

The Consumers Association of Canada recognize that consumers have reciprocal responsibilities and that these rights and responsibilities should be recognized by health care givers and institutions:

- Right to be informed
 - about preventive health care including education on nutrition, birth control, drug use, appropriate exercise
- Right to be respected as the individual with the major responsibility for his own health care
 - right that confidentiality of his health records be maintained
 - right to refuse experimentation, undue painful prolongation of his life or participating in teaching programs
- Right to participate in decision making affecting his health
 - through consumer representation at each level of government in planning and evaluating the system of health services, the types and qualities of service and the

conditions under which services are delivered

- Right to equal access to health care (health education, prevention, treatment and rehabilitation) regardless of the individual's economic status, sex, age, creed, ethnic origin and location

Discussions & Recommendations

It is essential that medically required or medically necessary services be defined and that standards be established which can be used to monitor the performance of the provincial system.

- Health Care Governance

An annual report setting forth a reasonable account of the proceedings of the College of Physicians and Surgeons should be tabled in the Provincial Legislature. The report should contain a financial statement of disbursements and receipt of funds by program committee and/or function basis. We would like a more open type of government within Council of the College of Physicians and Surgeons to provide greater public involvement (consumers, an M.L.A. and a representative from the Opposition).

- Create the position of a Health Care Ombudsman

The Consumers' Association of Canada (Alberta) recommends that the Provincial Government, in the interest of the general public, create the position of a Health Care Ombudsman.

- Establishment of a Health Care Council

Consumers' Association of Canada (Alberta) urges the Government of Alberta to assist CAC in the establishment of a Provincial Health Care Council having a broad representation, to investigate and report on ways to achieve a more cost-effective means of delivering high quality health care to all Albertans, and have public accountability so consumers may take a more active role in their health care system.

- Essential Medical Services, Work

Stoppages and Binding Arbitration

It is recommended that boycotts of patients, work stoppages or rotating strikes or "study sessions" orchestrated by organized medicine in order to further the economic interests of their membership should be banned.

- **Fee Setting and Patient Boycotts in Dentistry**

It is recommended that the Alberta Dental Association's alleged attempt to drive-up their effective fee schedule by boycotting welfare recipients should be studied along with the way that the Association establishes and uses its fee schedule in dealing with third-party insurers.

- **Establish Health Care Centre**

The purpose is to study the effectiveness and the efficacy of health care procedures.

- **De-Insurance of Medical Services**

Issues linked to the de-insurance matter have shaken the public's confidence in the manner and the way the Alberta health system has been managed.

- **The Lack of Provincial and National Standards**

Physicians and Surgeons in each province in concert with the Provincial and Federal governments and a National Health Care Council should set standards for determining an approved list of medically required and medically necessary services. Both provincial and federal government participation would be required. The public has the right to know what the standards are governing what is or is not deemed to be a medically required and/or a medically necessary service.



Council of Teaching Hospitals of Alberta

1403 - 29 Street
Calgary, Alberta T2N 2T9
Contact: Mr. R. Coombs, Chairman

Recommendations

- It is recommended that a mission statement and goals be defined for Alberta's health care system and a mechanism be developed for the definition of specific and measurable objectives.
- It is recommended that a provincial plan developed through broadly based consensus that results in a coordinated network of services be developed and contain explicit role definitions for various types of hospitals and other health care programs.
- It is recommended that an independent body be established to conduct regular evaluations of the health care system and make recommendations for change as required.
- It is recommended that regional health care planning be studied with a view to the development of mechanisms to provide for all health services planning in a defined region with commensurate authority to implement decisions.
- It is recommended that the Department of Health be given responsibility for assuring equal access to a defined minimum level of services in all regions and coordination of health services between regions in Alberta.
- It is recommended that a comprehensive epidemiology and health status monitoring program be developed to support planning efforts.
- It is recommended that a comprehensive health services utilization information system be developed for monitoring and planning purposes. The standing Utilization Monitoring Committee proposed by the Minister's Advisory Committee on the Utilization of Medical Services should be supported.
- It is recommended that in the redevelopment of the funding system, measures be developed to provide incentives for planning.
- It is recommended that mechanisms be

established for reviewing and redefining the roles of hospital care within Alberta and to facilitate more cooperative and collaborative arrangements among many facilities.

- It is recommended that rational health care policies be developed to direct the planning of "result justified" health services based on health needs rather than demands.
- It is recommended that mechanisms be developed for the timely collection and analysis of health manpower data to ensure that comprehensive and reliable information is available to allow for optimal supply, mix and distribution of health care providers within the system.
- It is recommended that educational institutions be required to review present models of health services education to ensure that program goals, curriculum content and supply of graduates are in congruence with changing needs and methods of care delivery within the system.
- It is recommended that vertically integrated systems of care be further considered as a viable mechanism for integrating disparate health care services within hospital facilities.
- It is recommended that mechanisms be established for a technology assessment process within hospitals to better manage the introduction of new technology.
- It is recommended that alternative reimbursement mechanisms be initiated and evaluated in collaboration with health care facilities and physician providers in an effort to promote more efficient utilization of resources and cost effective services.
- It is recommended that the funding mechanism for teaching hospitals allocate specific monies to be used to pay physicians and other fee-for-service practitioners for time spent on judged worthy hospital-based research activities to offset earnings lost as a result of a reduction in fee-for-service activities.

- It is recommended that the government establish a Technology Advisory Committee composed of expert representatives from the health care/biomedical research fields and health care institutions. This Committee would be responsible for monitoring emerging technologies and arranging for assessment of their potential impact upon the health care system. This Committee would be responsible also for arranging for the assessment of the effectiveness and efficacy of new technologies – through research support – and making recommendations to government concerning the acquisition and placement of new technologies.
- It is recommended that the Government of Alberta officially recognize and support – through appropriate financial and manpower incentives – the role of teaching hospitals in the development and conduct of health care research and evaluation.



Denturist Society of Alberta

**201, 2 Athabasca Street
Sherwood Park, Alberta T8A 4E3
Contact: Ms. Lori Ross**

Your terms of reference include the examination of changes in future health requirements, the examination of the future health service roles, responsibilities and expectations of all Albertans, and the examination of incentives and mechanisms to maintain health service quality, accessibility, innovation and economy. It is in the context of these terms of reference that The Denturist Society of Alberta makes this submission. The format of this submission pursues brevity as a virtue. Such supplementary supportive information, research, background material and debate as is appropriate or questioned will be submitted at the time the Society meets with the Commission.

Discussions and Recommendations

- It is the experience of denturists that the general quality and efficiency of health care available to Albertans is unsurpassed in North America. It is the further experience of denturists that the quality and generosity of health care available to Alberta senior citizens and their spouses is unique and unequalled in North America. It is generally a privilege to be an Albertan and a special, but deserved, privilege to be an Alberta senior citizen.
- One out of every four Albertans over the age of 20, or 300,000 Albertans wear one or more removable dentures. The level of dental health is consistently improving; but it will be decades, if ever, before complete or partial edentulousness becomes less than a significant dental health inadequacy.
- Between 50 to 70 percent of Canadians who are completely or partially edentulous in either or both arches are directly served by denturists. Alberta denturists directly provide 65 percent of the complete removable dentures provided to Alberta senior citizens and their spouses.
- Alberta denturists, by their participation in the dental health care delivery system, save the Alberta government over \$1 million annually in dental health care costs. The additional saving to the general public has not been calculated.
- Canadian and in particular Alberta research on existing and projected levels of complete and partial edentulousness is significantly inadequate. The need for such research in planning for all aspects of existing and future dental health needs and expectations is obvious. Such research can be undertaken within desired budget restraints.
- It is the experience of denturists that the most effective restraint upon escalating health care costs can be the patient users of the health care services. Senior citizens are particularly conscientious in this regard. To mobilize Albertans as individuals in applying cost restraint to the system, they must be provided with immediate and informative cost details and approval authority at the time of each visit to a health care practitioner. Individual Albertans will demand efficiency.
- It is the experience of denturists that high quality denture services produce enhanced physical and emotional well-being with improved employment performances and self-confidence, and reduced absenteeism and health problems. If you look good, you feel good. Continued improvement in levels of dental health care services is cost efficient.
- It is the experience of denturists that dental health care and in particular denture health care in Alberta's health care institutions is not adequate. The need for increased denture care, in-service training of health care givers in institutions and enhancement of patient knowledge is evident. Such training and knowledge can be provided at no expense to the government or patients. Denturists would be pleased to assist in such a program.
- The profession of denturism was born in Alberta with North America's first effective legislation in 1961. The profession has since been recognized by every provincial and territorial legislature in Canada, except one. Alberta's leadership in legislation has been taken over by five other legislatures who have acknowledged dentist scope of practice to include removable partial dentures as well as complete dentures.
- It is the objective of denturists to provide improved levels of denture health at reduced costs to individuals, insurers and governments. Existing high levels of services provided by Alberta denturists expanded to removable partial denture services is a logical and cost efficient evolution in denture health care. Improved patient satisfaction, maintenance of patient safety and reduced cost will result. It is important in maintaining future cost restraint that Albertans have access to the two alternatives of bridges, which are the recommended prostheses, or quality removable partial dentures, which are the less expensive prostheses.

- There is support for the conclusion that presence of denturists has restrained removable complete denture professional fees without sacrificing patient satisfaction or safety, as compared to professional fees for other dental services. Subject to legislative and professional safeguards, it is appropriate to let the patient users of denture services decide who will serve them. Give Albertans an alternative – the denture health care of Albertans will be enhanced by the competition.

Easter Seal Ability Council

315, 14925 - 111 Avenue
Edmonton, Alberta T5M 2P6
Contact: Mr. Jim Killick,
Executive Director

We have attempted to show by example, if disabled persons are to become independent, contributing members of our society, programs have to be established to create independence not dependency. In order to do this, persons with the disabilities need assistance in obtaining and meeting their safety needs. It is our opinion the two most important support services are equipment and long term care services.

During this paper, an attempt has been made to inform this commission as to the definitions, the adjustment process that any disabled person has to conquer before they accept their disability, and the role of the professionals in working with persons with the disability. We are confident the Commission will be able to recommend new directions which will enable persons with disabilities to meet their safety needs, thereby providing the opportunity for full citizenship in our Alberta society.

Edmonton Board of Health

Suite 500, 10216 - 124 Street
Edmonton, Alberta T5N 4A3
Contact: Mr. Boris Ferbey, Chairman

Priority Recommendations for Action

- Improve the collection and utilization of health status, morbidity and mortality data.

Billions of dollars are being spent on health services yet the effects on the health of Albertans are not certain because little attempt is made to relate expenditures to other data. For example, the data collected by the Alberta Health Care Plan are not used to any large extent for planning or decision making.

- Take a more business-like approach by setting objectives for health services.

Strategies and programs could be developed in a more coherent manner if Provincial objectives existed. The health care system could also be held more accountable at all levels if such action were taken.

- Adopt a "healthy public policy" approach.

Any major policies or programs in "non-health" areas (e.g. social services, transportation, agriculture) should be accompanied by a health impact statement. This would encourage all policy makers to think health. For example, farmers could be provided with incentives to produce leaner beef; developers could be encouraged to build adequate housing for the mentally ill. The Government must also take leadership in bringing in and adequately enforcing environmental protection legislation and ensuring that the legislative "safety net" provides all citizens with adequate income, food, shelter and educational opportunities as these are basic pre-requisites for health.

- Educate the public and health care

providers.

Health professionals training and continuing education should have more of a focus on health promotion and disease prevention.

The general public needs to be educated about how to use health care services more appropriately. The health care system is becoming increasingly complex and often people seek the most accessible point of entry (e.g. emergency departments) because they do not know where to turn.

- Make health promotion and disease prevention a priority for health services and allocate a substantial proportion of the overall health care budget to those activities.

Health promotion and disease prevention activities are carried out by many different players. These activities are, however, a major focus for the health units of the Province. We recommend that the Government heighten the profile of the health units through increased funding and charge them with the responsibility or coordinating community action for health. This recommendation is based upon the following premises:

- health units are responsible for all Albertans, not just those who reach their doors, and aim to achieve health for the whole community.
- health units have a long history of providing public health services (the Edmonton board of Health since 1892) which are based on the scientific principles of epidemiology, biostatistics and the social sciences blended with the health sciences. These principles are in keeping with the "new" approach needed to deal with the challenges enumerated earlier. Health units' mandate to monitor health statistics means that they are able to adapt to meet the changing needs for health services.
- health unit staff employ a multidisciplinary approach and have expertise in health promotion.
- health units emphasize community involvement as evidenced by their board

structure, use of volunteers and proactive outreach.

It is therefore appropriate to build upon the strengths and existing administrative structure of the health units to move toward a new emphasis on health in health care.

Conclusion

Heretofore we have concentrated on the development of health services to meet the illness care needs in our society. In order to cope with the challenges facing the health care system in the coming years, the emphasis must shift toward keeping people healthy through health promotion and disease prevention.

There is acknowledgement of the wisdom of this approach; however, funding for preventive services has been woefully inadequate. Now is the time to invest in the future by increasing our health promotion activities. Such an investment has the potential to be repaid many times over. Not only do healthy people require less treatment services, but they are also more productive at work and more able to support their neighbours through community service.



Edmonton Social Planning Council

#41, 9912 - 106 Street
Edmonton, Alberta T5K 1C5
Contact: Dr. Harvey Krahn, Chairman of the Board

Summary of Recommendations

- Health care premiums should be phased out. The general revenues of the province should be used to fund the costs of the health care insurance plan.
- A formal process should be established to determine and review what services should be paid for by the Alberta Health Care Insurance Plan. Lay persons and health care professionals such as physicians, nurses and chiropractors should be involved in this process.

- An Alberta Health Council be established to advise the government and the general public on the utilization of health care services, the costs and alternative models of delivering health care by a variety of health professionals and identify ways consumers could make more effective use of the health care system. The Council should have wide representation from the general public and from all people involved in health care delivery and usage. The reports of the Council should be part of the planning process in departments involved in health care.
- The province should establish an arms length fund for innovative and experimental health programs that demonstrate ways of shifting the focus of our health care system onto alternative points of entry.
- The province should encourage and help establish centres such as storefront clinics, home care services, public health units and work place clinics that emphasize community-based health services. Such centres would make use of a variety of health care professionals including physicians, nurses, nutritionists, chiropractors, midwives, physiotherapists, and the like. This requires a shift from an institution-based system that emphasizes curing, to a health care system that promotes the physical, mental and social well-being of people.
- The province should utilize the Extended Health Care Services portion of the Established Programs Fiscal Arrangements agreement to develop and maintain a variety of health care services.



Friends of Medicare

11453-79 Avenue
Edmonton, Alberta T6O 0P5
Contact: Mr. David Allen, Coordinator

A voluntary organization committed to universality, portability, comprehensiveness and public administration, the Friends of Medicare

believe that it would not be sufficient to extend the existence of medicare by mere modification but that there should be a change in attitudes, perceptions and in the way Albertans view and respond to health care. They suggest adoption of a new focus and ensuring funding to create a situation where we will not do without but need less health care.

Discussions and Recommendations

- The Friends of Medicare endorse the foundation of an Alberta Council of Health as advocated by the Consumers' Association of Canada made up of consumer representatives, selected from across the Province, to represent consumer interests on a number of the internal committees directly or indirectly controlled by the Department of Health and as a solution to too much independent operation, protection of empire and a lack of coordination that leads to duplications and cracks in the system both within government and in the delivery programs.

Another solution suggested by several groups presenting to the Friends of Medicare Forum is the democratization of boards, committees and commissions through elections. With greater public participation comes a responsibility to provide a more substantial support system within these agencies to allow the public members to learn and grow.

- The Friends of Medicare believes that non-profit, publicly administered hospitals provide the best possible, lowest costing universally available acute care services. Hospital administrators should be required to have received hospital administration and business administration certification.
- We must not allow hospitals to be the catch all for the cracks that now exist in the system. Those cracks should and must be filled by others or new components.
- Re-define some of our active treatment hospitals and greatly expand community and home care programs.
- There must be the provision for trauma

centres in our major urban areas that would receive accident victims. The centres must have proper landing facilities for an air ambulance service to ensure the fastest provision of care possible.

- The Friends of Medicare sees an immediate need for community clinics operating on 24 hour schedules and staffed by salaried physicians and registered nurses, and long-term care for the increasing numbers of rural elderly.
- Through the establishment of alternative funding mechanisms we could see the encouragement of more effective and humanistic health care delivery.
- A short-term, immediate measure would be the institution of a broad system of incentives, penalties and organizational arrangements for physicians and hospitals to encourage greater emphasis on care in ambulatory, community and home settings and make more effective use of our existing resources.
- We must renew our focus on rural citizens and those traveling and working in rural Alberta. There should be a limiting of physician billing numbers to encourage the establishment of more rural practices.
- The Friends of Medicare believes that all health care funding should derive from general revenues. No health care revenues should derive directly from lottery profits or the Heritage Trust Fund.
- We believe premiums should be totally eliminated as is the case in most provinces. If premiums were eliminated, the funds now allocated for the maintenance of the bureaucracy that now administers the collection of premiums would be freed.



Glenrose Rehabilitation Hospital

10230 - 111 Avenue
Edmonton, Alberta T5G 0B7
Contact: Mr. Walter Brault, Chairman

Executive Summary

This Brief focuses on the areas of:

- Defining rehabilitation in the health system.
- Reviewing the present system for the delivery of rehabilitation services.
- Identifying the emerging trends and issues in the field of rehabilitation.
- Identifying the manner in which the Glenrose can help contribute to the future of rehabilitation in Alberta.

Rehabilitation services within the Alberta health care system are differentiated from acute care and long term care services by:

- the emphasis on multi-disciplinary treatment, active participation of the patient and family in assessment, treatment and follow-up,
- ongoing community relationships,
- a broad definition of rehabilitation.

Within the Alberta health care system, rehabilitation is delivered in a variety of settings. These range from formalized tertiary rehabilitation centres specializing in complex cases, such as the Glenrose Rehabilitation Hospital, to community-based agencies which deliver primary rehabilitation services. These agencies may fall under the auspices of any one of a number of provincial government departments, including the Department of Hospitals and Medical Care, the Departments of Community and Occupational Health, Department of Social Services, Department of Education, and Department of Housing and Public Works. Given that rehabilitation represents an approach to care, it is unlikely that a formal uniting system can be established for rehabilitation within Alberta. It is necessary however to improve coordination and reduce duplication amongst current participants.

The Glenrose Rehabilitation Hospital is a national centre for excellence in tertiary reha-

bilitation with a focus on the treatment of highly complex rehabilitation problems. The hospital is extending its involvement in research and education and strengthening our relationship with the University of Alberta.

At the present time the Glenrose offers 41 multi-disciplinary programs and a variety of uni-disciplinary services. Treatment is delivered through the use of 288 rated beds and extensive outpatient and day patient programs to both pediatric and adult patients. The hospital has 33 beds devoted to Child and Family Psychiatry. An expansion of this service is presently anticipated. In August 1988, construction was initiated on a new state of the art rehabilitation hospital at the Glenrose location.

The Brief identifies a number of major issues and emerging trends in the delivery of rehabilitation services in Alberta. These are summarized in Section 8 of the report. These trends include:

- the need to improve programming for specific population groups such as the brain injured,
- the introduction of new services for vocational assessment and re-training,
- improved coordination of all participants in the rehabilitation process,
- particular emphasis could be placed on improving services to rural Albertans through the development of more formalized regional referral systems,
- particular attention needs to be paid to improving coordination of pediatric rehabilitation services,
- new responses to the emerging problems of pediatric patients with chronic disease now surviving into adulthood,
- the substantial increase in the numbers of elderly which are projected for our society will have dramatic impact on rehabilitation,
- changes are required to the Alberta Aids to Daily Living Program,

- the Province should carefully review the initiatives of privatization in rehabilitation,
- shortages in the numbers of rehabilitation health care professionals need to be corrected,
- the Province must consider the establishment of innovative funding or risk capital to allow facilities to develop new more cost-effective and efficient programs.

The Glenrose Rehabilitation Hospital is emerging as a Centre of Excellence in the provision of tertiary rehabilitation services to Edmonton and Northern Alberta. We are working towards a consolidation of all tertiary rehabilitation programs at the Glenrose location and relating closely with the faculties of Medicine, Rehabilitation Medicine and Nursing to improve our relationships with the University of Alberta. Our regional referral role has been established but can be expanded and our ability to improve coordination amongst participants/players in the system in the rehabilitation field within the Alberta health care system can be extended. The Glenrose would recommend that the Department of Hospitals and Medical Care:

- recognize the Glenrose Rehabilitation Hospital as a Centre of Rehabilitation Excellence
- discuss a larger referral role to rural Alberta for the Glenrose
- consider a greater coordinating role for the Glenrose



Health Sciences Association of Alberta

10340 - 124 Street
Edmonton, Alberta T5N 1R2
Contact: Ms. Kay Willekes, Executive
Director

Summary

Because this is a lengthy submission and because many of the recommendations it

contains bear repeating, the following is a summary of those points to which the Health Sciences Association of Alberta would ask the Commission to give particular attention:

- There is a great need for more extended-care facilities to provide various levels of care to Albertans.
- Home care services to enable the elderly and disabled to live independently must be increased dramatically.
- Multi-disciplinary clinics should be established at the local level.
- The multi-disciplinary health care team approach to the provision of medical services should be widely adopted.
- Health care employees need more recognition of and appreciation for the work that they do and the opportunity to advance in their professions.
- Staffing levels in the hands-on departments of most hospitals must be increased so that the stress level experienced by present employees can be reduced.
- Incentives must be instituted which will motivate professional health care workers to relocate to rural hospitals.
- The right to strike should be returned to health care workers.
- Representatives from the health care unions should sit on the hospitals' Board of Trustees.
- An independent ombudsperson should be employed in each medical facility to whom staff could report their concerns without fear of reprisals.
- A global ministry of health should be established.
- There should be less political involvement in planning within the health care system and more participation by the general public and employees.

- Some of the rural hospitals should be converted to extended-care facilities.
- More money must be spent on education, prevention and on counselling services.
- The ambulance system must be rationalized as to its mandate, its method of operation, its carriers, its equipment and its personnel.
- No new hospitals should be built.
- The administrative procedures within the overall health care system and within the individuals facilities should be examined.
- More money must be spent to allow health care workers to perform at the highest possible level.

The Health Sciences Association of Alberta believes that, despite its obvious deficiencies, Alberta has an excellent health care system and its members are proud of their various roles within it. They are pleased to have had this opportunity to contribute to the effort being made to ensure that the health care needs of Albertans will be fully met in the future.



Health Unit Association of Alberta

**412, 9707 - 110 Street
Edmonton, Alberta T5K 2L9
Contact: Mrs. Jean Fraser, Chairman**

Summary of Principles

The key principles which this Association believes essential to future health and in particular public health are:

- Principles Related to the Individual and the Family
 - Health is both a fundamental right and a sound social investment.

- The ultimate goal of public health is to have healthy individuals residing and functioning in health promoting communities.
 - Individuals should be assisted in assuming responsibility not only for their own well-being but also for that part of their environment over which they have control.
 - Health education, health promotion, health protection and preventive medicine programs and services must be available from preconception to death.
 - Access to public health services must be universal and equitable.
- Principles Related to Health and Medical Care Providers
 - The development of sound public health policy demands an approach which emphasizes consultation and negotiation. Existing alliances must be strengthened while new alliances with groups/organizations which previously have not been involved, must be forged to provide the impetus for health action.
 - Public health research is essential to planning.
 - Every public health intervention must emanate from a sound philosophical and research base.
 - The various mechanisms for planning, delivering and monitoring should guarantee community involvement in all phases of public health.
 - Volunteers and voluntary non-government organizations are an essential part of many public health programs and services.
 - Where the existing health care delivery mechanisms cannot meet the need, a variety of other systems should be explored by the community.
 - Assuming current government funding arrangements are maintained, then additional funding arrangements are required as enhancement funds.
 - The traditional roles and responsibilities of all health professionals should be examined and adjusted accordingly in
- order to ensure that tasks are appropriate to the health discipline and are provided in the most cost effective manner by adequately trained personnel.
- Principles Related to Government
 - Health planning must be a coordinated activity which ensures that province-wide goals, strategies and objectives are identified.
 - Legislative intervention in certain public health matters is desirable.
 - Public health legislation must have paramountcy over all other legislation.
 - Health impact reviews of government policies at municipal, provincial and federal levels are essential.
 - The integrity of public health must be protected.
 - The number of local health jurisdictions should be determined according to sound principles of management and economics.
 - The funding of public health services which are mandated by the Public Health Act, should primarily be the responsibility of the Provincial Government.
 - Public health should be accorded a high priority by government and should receive a more equitable balance of health funding and resources.
 - The maintenance and promotion of good health be recognized and encouraged through financial incentives.
 - Certain designated programs and services must be mandatory in order to protect the public.
 - Outcome objectives are necessary for the successful operation of public health.
 - Programs and services for seniors must be planned for in order to meet the known increase in the numbers of the next 20 years.
 - Health promotion should be a required component of all formal education programs.



Heart Health Task Committee

c/o Leduc Strathcona Health Unit
2011 Brentwood Boulevard
Sherwood Park, Alberta T8A 0X2
Contact: Ms. Judy Hymers, Chairman

Conclusion

- The Burden is Large

The burden of cardiovascular disease is large in both human and economic terms. The magnitude of the problem urges us to act now. We must recognize that doing nothing is also a decision which affects large numbers of Albertans who will suffer premature death and disability in the meantime. The economic situation challenges us to seek more innovative, effective and economical alternatives to the high technology medical approach. We are behind the United States and Europe in giving cardiovascular disease the priority it warrants.

- Prevention and Control of Cardiovascular Disease is Possible

Heart Health programmes elsewhere have demonstrated that reductions in cardiovascular disease are possible. Small improvements in the health habits of the entire population lead, over time, to gains in longevity, quality of life, and productivity. The large numbers of people involved and the significance of multiple, moderate elevations of risk factors argue for an integrated, multifactorial approach targeted primarily to the community at large.

- Resources are Needed

Research is required to establish baseline data, monitor trends of disease, patterns of risk factors and their determinants. Resources are needed to plan, develop and evaluate programmes. Small projects have been initiated but resources are needed to realize their potential.

- The Time is Right

Although there are no major, comprehen-

sive cardiovascular disease prevention programmes in Canada at the present time, some jurisdictions have plans to develop programs through the public health system. There is clear indication that various groups and voluntary agencies are ready to involve themselves in addressing heart health and public health could act as a catalyst at the community level.

- Albertans Benefit

A heart health program can have benefits for other diseases. Since there is evidence that some of the risk factors for coronary heart disease are also risk factors for cancer and other chronic conditions, it may be expected that successful implementation of a heart health program should have benefits for the prevention of other chronic diseases.

A prevention strategy would add significantly to the quality of life of thousands of Albertans and the entire population would benefit.



Pharmaceutical Manufacturers Association of Canada

Room 302, 1111 Prince of Wales Drive
Ottawa, Ontario K2C 3T2
Contact: Mrs. Judy Erola, President

Recommendations

We would like to bring the following recommendations to the Commission's attention:

- The Commission may wish to examine the Province's drug plan in relation to the "actual acquisition cost" system proposed nationally by PMAC.

This system allows the normal marketplace competition to take place and provides equal opportunity to all manufacturers. It is also the most transparent and the most cost efficient approach for defining the drug cost component of the prescription price

submitted for reimbursement by the drug plan.

This system also provides that the pharmacists must receive an adequate professional remuneration (inventory allowance plus adequate dispensing fee).

- Product selection by the dispensing pharmacist should not be influenced by economic considerations but by what is in the patient's best health interests. The prescribing rights of the physician should be protected.
- The Province of Alberta should request the Health Protection Branch of Health and Welfare Canada to rule on the interchangeability of drug products.
- An increasing number of pharmaceutical manufacturers in Canada are marketing their prescription products in packages suitable for use in dispensing. A variety of factors have prompted this trend, such as: conformity with packaging in other parts of the world; response to growing demands from regulatory agencies and health care interest groups for the manufacturer to provide necessary information about the product and its contents; and a growing awareness, on the part of the manufacturer, of the responsibility to ensure the most effective use of the product, maximizing the chances for therapeutic success.

Conclusion

The provision of supplemental information to patients concerning their prescription drugs via information provided by the manufacturer for distribution by the physician and pharmacist can also contribute positively to the avoidance of costs associated with complications in drug use. Therefore, the PMAC endorses the principle of original package dispensing as recommended by the Eastman Commission of Inquiry on the Pharmaceutical Industry.



Professional Association of Internes and Residents of Alberta

Room 256, S.U.B.
University of Alberta
Edmonton, Alberta
Contact: Dr. Gary Gelfand, President

Summary

In closing we thank the commission for the invitation to present this submission. PAIRA feels that Alberta has an excellent standard of health care and this must continue. In order to do so the training and licensing of doctors, accessibility to the health care system for patients and providers, and the changing face of medicine must all be addressed. With this in mind we respectfully submit the following recommendations and look forward to the opportunity to discussing them.

Recommendations

- Albertans should be guaranteed a minimum standard of care not unlike what they have at present.
- It is recommended that consideration be given to changes in population distribution, medical technology and diseases when allocating funding.
- The issue of Intern and Resident workload and funding be seriously and openly discussed by all concerned parties.
- The licensing of young doctors must remain in the hands of independent bodies, whose major criterion for licensing is ability and not economics.
- The distribution of doctors must be re-examined with a critical eye, relying not only on statistics but on common sense, discussion with Internes and Residents, and other issues raised in this document.



Professional Council of Registered Nursing Assistants

10604 - 170 Street
Edmonton, Alberta T5S 1P3
Contact: Ms. Pat Fredrickson, Executive
Director

Recommendations

To achieve the goal of more appropriate utilization of nursing assistants, the following recommendations are made.

- Recognition should be given to the ability of the nursing assistant to function in the health care delivery system as a dependent, independent and interdependent practitioner in a variety of settings.
- The curriculum content should be expanded to include specific theoretical content and skills which will contribute to improve job opportunities, increased utilization of the Registered Nursing Assistant, enriched job satisfaction, for both the R.N. and R.N.A., safer patient care and increased cost effectiveness.
- Career mobility, both vertical and horizontal should be made available by educational institutions to enhance quality of care, job satisfaction, and in particular, to offer incentives for career changes rather than the present dead end position.
- Funding for both basic training and continuing education should be made more readily available. Qualified graduates desirous of upgrading or undertaking post-basic education should have access to financial assistance from government, employers, and educational institutions.
- The Government of Alberta, Department of Health should establish nursing staff guidelines so that prescribed ratios of R.N. to R.N.A. staff are utilized for patient care.



Provincial Senior Citizens Advisory Council

Main Floor Centre West Building
10035 - 108 Street
Edmonton, Alberta T5J 3E1
Contact: Ms. Mary Engelman

Our goals for effective health care for older people are:

- to maintain older people in as good health as possible, helping them to cope effectively with chronic illness, and maintain as much autonomy and control as possible over their lives.
- to reduce the number of admissions of older people to hospitals or other institutions and provide support to maintain them in the community.
- to improve the quality of life of those older people for whom there is no other choice but to be in hospital or in institutional care.

Components of the Health Care System with Directions for the Future

- Health Promotion
- Role of the Physician in Health Care Services for Older People
- Geriatric Assessment and Rehabilitation Services
- Role of the Acute Care Hospital in Health Care Services for Older People
- Coordination of Health Services at the Provincial Level: One Department of Health
- Coordination of Health Services at the Local (Delivery) Level: Single Point of Entry through Home Care
- Community Care: Acute and Continuing

Care Home Care Services, Day Programs and the Role of the Family

- Home care should be funded at a level equal to institutional care.
- Family Care of the Elderly

Conclusions

Meeting the needs of older people is one of the major challenges facing our health services, and it is an area ripe for new initiatives and innovations. For best results, these need to be accompanied by a rational reorganization of Alberta's antiquated system of awkwardly overlapping local health service districts and our provincial departmental structures which have developed over decades. There is a great need for research into community care programs, into ways of helping people cope effectively with chronic disease and into the validation of care facilities that offer alternatives to long-term institutional care.

We would urge you to consider an expansion of the types of research funded by the Heritage Foundation for Medical Research.



Psychologists Association of Alberta

400 Sunlife Place
10123 - 99 Street
Edmonton, Alberta T5J 3H1
Contact: Dr. Stan Whitsett, President
Elect

Recommendations

The Association applauds the Premier and this Commission in their endeavor to develop policy that focuses on "innovation, promotion and prevention" in the future health care of Albertans. We feel that innovative ideas and

methodologies, directed towards the promotion of health and the prevention of illness will be essential for the reorientation in health care policy needed to respond to the changing needs of the Canadian and Alberta social and economic climates. We strongly recommend the following points in the development of this new policy:

- Steps must be taken to curb the escalating costs of traditional health care. Although we acknowledge that there will always be a need for acute care medical and support services, we support the government in its efforts to confront the demands for unlimited, publicly funded medical services.
- The growing population of elderly, and the rapidly increasing number of patients suffering from AIDS must figure prominently in the allocation of health care dollars. While many of the resources must be dedicated to treatment and rehabilitation in these populations, we encourage the development of strategies aimed at health promotion for these groups as well.
- Physician based services are among the most costly of those in the health care system. However, evidence suggests that the most substantial improvements in population health and life expectancy have come about as the result of public health and preventive measures rather than through medico-technological breakthroughs or medical interventions. We propose that a redistribution of funds to alternative health care professionals would have significant impact on health care costs.
- An abundance of research has demonstrated that psychological services can reduce the utilization of medical services and, in many cases, offset health care costs. We recommend that any new policy directed at either health promotion or treatment of illness increase accessibility to and utilization of psychological services.
- Considerably more innovative programs than are contemplated under current direct, individual, fee-for-service systems are necessary for achievement of the goals

proposed in this brief. We recommend that government explore, in collaboration with the Association, the numerous options for funding of psychological services which are to be found among both the public and private sectors (Psychologists Association of Alberta, 1987; Ritchie, et. al., 1989).



Registered Psychiatric Nurses' Association of Alberta

**201, 9711 - 45 Avenue
Edmonton, Alberta T6E 5V8
Contact: Mr. Tim Schultz, Executive
Director**

In Alberta, the Registered Psychiatric Nurse (RPN) has been the primary, front-line professional care giver in Mental Health Services, for over 50 years.

Areas Where the R.P.N.A.A. See A Need For Change

- The organization of the Mental Health Care delivery system as it relates to the needs of Albertans, and in particular to the chronic mentally ill, the elderly and the adolescent.
- The Mental Health Care delivery system in terms of organizational structure and financial systems.
- Opportunities for psychiatric nurses related to continuing education and professional advancement.

Organization of the Mental Health Care Delivery System as It Relates to the Needs of Albertans:

- The Chronic Mentally Ill

The R.P.N.A.A. supports a number of measures to deal with these problems:

- treatment for the individual returning to the community must be aimed at leisure functioning, social integration skills and the overall quality of life rather than

simply vocationalization

- recognition that many individuals, due to the nature of their illness, will always have some degree of dependence on mental health professionals
- adoption of a primary nursing model where the psychiatric nurse works with and remains in contact with the patient as that individual moves through the agency system.

• The Elderly

The R.P.N.A.A. encourages support for:

- preparation for retirement programs
- social programs should be set up to maintain and enhance the quality of life for the elderly
- empowerment and support of the family and community resources through education, home care programs, and availability of respite beds

• Adolescent Population (12 - 19 year olds)

The R.P.N.A.A. advocates:

- the creation of more specialized psychiatric units for adolescents in the general hospital setting
- the creation of an adolescent drug and alcohol rehabilitation program for Southern Alberta
- the expansion of community based services (presently available to adults with a major illness) to include those 16-18 years of age

Organizational Structure of the Mental Health Care Delivery System - Structure and Financial Systems:

- To Improve the Care Delivery System and Promote Job Satisfaction for Hospital Based Nurses, the R.P.N.A.A. supports:
 - that in times of fiscal restraint, the front-line care giver be the last resource considered for financial cut-backs
 - that hospitals use permanent staffing, rather than casual staff to decrease costs, and promote consistency and quality of care

- that there be greater participation by the staff psychiatric nurse in decision making and that there be a greater degree of flexibility, at the individual unit level, in applying government, hospital and departmental policies
- that there be financial and promotional mechanisms for advancement in direct clinical practice rather than the present system where promotion is only to administrative positions
- that there be expanded flexibility in the provision of continuing education for the psychiatric nurse to allow the individual RPN to remain academically current without having to leave the workplace
- that Albertans be able to access the medical insurance system for services provided by psychiatric nurses

Opportunities for Psychiatric Nurses to Access Post-Diploma Education and to Advance Professionally:

- The R.P.N.A.A. needs a stronger indication of the commitment, by the Government of Alberta, to the profession of psychiatric nursing, through:
 - support of the Department of Advanced Education for adequate numbers of schools to meet the demand for psychiatric nurses at the diploma level
 - support of the Department of Advanced Education for a Baccalaureate Degree program in Psychiatric Nursing in this province and that this degree program be accessible using the two-year psychiatric nursing diploma as the prerequisite for entry
 - assistance in urging employing agencies to adjust policies and acknowledge the legislated competencies of the psychiatric nurse allowing consumers to more fully benefit from the skills and expertise provided by this unique and separate profession

Conclusion

It is clear that the areas that the R.P.N.A.A. have targeted for change are interrelated. The Association views the Alberta Health Care

System as basically sound. However, our society is dynamic and the system of health care cannot be static. If there is no change in the system, the services provided to Albertans will steadily deteriorate. Registered Psychiatric Nurses see themselves as a very important part of the delivery of health care to the citizens of this province. RPN's deliver a special kind of care in a specialized area. The latest statistics indicate that one out of every six Canadians suffer from a mental disorder. Couple this with the statistics indicating the average age of the Canadian population increasing on a yearly basis, and the role of the specialist, the Registered Psychiatric Nurse, in the delivery of mental health care, will become even more important in the years to come.



Rural Health Care Association of Alberta

9907 - 145 Street
Edmonton, Alberta T5N 2X2
Contact: Ms. Jean Gibbons

Some changes to the system will be necessary if it is to remain effective and efficient in providing services. These changes are more in the nature of rationalizing delivery systems than radical adjustments. Individuals, families, and community must become more self-reliant.

Discussions and Recommendations

• Family

Families need to be supported so that they can look after their own members.

• Local Community

Health promotion and prevention must be pursued at the local level.

- Primary care should also be available at the local level.
- The remuneration of rural practitioners needs to be reviewed.

- The native population is a concern.
- Comprehensive Regional Centres
Rural Albertans can best be served by the establishment of Regional Health Centres.
- Tertiary Care Facilities
Calgary and Edmonton will continue to provide tertiary care. They will lead in specialization and medical procedures, research and development.



Sisters of Charity (Grey Nuns) of Alberta

**9810 - 165 Street
Edmonton, Alberta T5P 3S7
Contact: Sister Faye Wylie, Provincial
Superior**

Executive Summary

The Grey Nuns of Alberta congratulate the Government of Alberta for its foresight in establishing the Premier's Commission on Future Health Care for Albertans. We particularly are pleased with the comprehensive and community participative philosophy with which the Commission is approaching its task.

Of all the issues facing Albertans in the next twenty to thirty years, health care must be ranked number one. The fruit of what we have in health care in the future depends upon the courageous and innovative work we do now in the way of health care planning and implementation.

Many qualified groups and organizations are emphasizing the financial and technical requirements for health care in their submissions to the Commission. We, however, are very concerned that the ethical, interpersonal and value aspects of health care can be unintentionally down played and even forgotten in this very important discussion. For two hundred and fifty years in Canada, and one hundred and thirty years in Alberta, we, as

Grey Nuns, have tried to practise a value-orientated type of health care within our hospitals, health services, and social agencies. Countless times we have observed how vital it is to treat the client as a unique "whole" person, as a partner in the healing process. By respecting and making every effort to regard the person's dignity and worth, the health of the client is enhanced. The interdisciplinary and interagency approach also reinforces the wholistic nature of health care. In addition, we believe an effective interdisciplinary team accepts and requires the input of pastoral care as an integral part of the collaborative process.

What should be the responsibility of the Government of Alberta insofar as our recommendations are concerned? Throughout the following submission we have made specific suggestions regarding future actions that the government should consider vis a vis our concerns. While we do not wish to repeat all of these recommendations in this executive summary, we feel it is appropriate to summarize the important themes of these suggestions.

The Grey Nuns strongly believe the provincial government has a responsibility to provide leadership and direction in the following areas:

- to encourage both an ethical approach to decision making and an ethical allocation of resources in our health care facilities.
- to facilitate the development of a mission philosophy, specific goals and objectives, and a plan of how these can be implemented in our health care facilities.
- to facilitate and assist in evaluation of the effectiveness of mission statements and resulting programs utilizing client and staff feedback in our health care facilities.
- to actively encourage wholistic health care utilizing an interdisciplinary approach in our health care facilities.
- to require that pastoral care be funded as an integral part of a wholistic care program in our health care facilities.
- to promote through education and training

the view that the client is a partner in the health care process.

- to actively promote and offer incentives for community and family involvement utilizing innovative programs and approaches.
- to sponsor the development of joint community/health care programs.
- to develop and sponsor geriatric assessment programs utilizing resources of our seniors in our health care services.
- to respond to the needs of native people, the needs of single parent families and the needs of new Canadians in our health care facilities.
- to support special programs for AIDS patients.
- to require health care facilities to develop long range integrative planning utilizing staff/client feedback and program evaluation methods.
- to prepare a short and long range planning process to encompass all relevant government departments, and which incorporates regular evaluative and program modification methods.

We are convinced there is a great deal of public support for these more value-based approaches to health care. While it may be tempting and easy for governments to do "more of the same" when responding to identified needs, it can become more challenging to grapple with implementing these more difficult intangible recommendations. We believe the provincial government can address these issues in the following ways:

- assistance with the development of training programs for boards, senior administration, and staff of organizations in value/ethical approaches to health care.
- assistance regarding sponsorship of state of the art seminars and conferences emphasizing the value approach to health care.
- promotion of the development of standards

for boards and administrations regarding mission philosophy and evaluation of same.

- program monitoring and designated funding to encourage the adoption of key health care practices, e.g. interdisciplinary team functioning.
- incentives for developing innovative approaches for programs within health care facilities.
- incentives for universities and colleges to add to or change emphasis in training of professionals, including cultural awareness training, the patient as a "partner" philosophy, etc.
- direct sponsorship of some programs, e.g. demonstration projects, nurse practitioner programs, pastoral care students.
- invitation for several facilities to submit joint proposals for special programs.
- funding of bioethicians for one or several institutions.
- assistance with the establishment of a chair or center in bioethics at the University of Alberta, possibly through St. Joseph's College.

There exists endless possibilities to change and enhance our health care facilities and programs so they can become more value and person orientated in the future. What is needed now is strong leadership at the most senior levels of government.

The Grey Nuns of Alberta strongly encourage the Premier's Commission on Future Health Care for Albertans to be bold when addressing these issues, and to make every attempt to make clear, direct recommendations to reflect a *value and holistic person* approach in our future health care requirements.



Society for the Retired and Semi-Retired

10004 - 105 Street
Edmonton, Alberta T5J 1C3
Contact: Miss Hazel Wilson, President -
Board of Directors

Recommendations

Plans for the future health care of Albertans should be based on a concept of universality, a philosophy of caring, a definition of health, demographic data and perspective on aging.

Educational programs related to normal aging for people of all ages, using the lifespan developmental approach.

Plans for the future health care of elderly Albertans should include:

- Carefully planned and adequately funded programs to promote health and prevent disease under the jurisdiction of a Ministry of Community Health;
- Adequate and secure funding for multi-purpose Senior Centres.
- An adequately funded Home Care Program which includes a wide range of Home Support services and support for caregivers;
- Provision of an adequate number of health personnel adequately trained in Geriatrics and Gerontology.



Society of Alberta Medical Officers of Health

23 Sir Winston Churchill Avenue
St. Albert, Alberta T8N 1N3
Contact: Dr. Jeanette MacQuarrie,
President

Conclusion

The growing awareness of the multi-dimensional causes of health and preventive approaches to the major causes of death and disability requires a redirection of effort and resources and a concerted, sustained and comprehensive approach in the decades ahead. Individual, family and community participation has been sought by this Commission and must continue to play a crucial role in the development of an effective, efficient health system.

The Public Health system is mandated to monitor the health of the population, and to develop programs of health promotion and disease prevention. It is increasingly recognizing its role in facilitating effective collaboration at many levels of society towards healthy lifestyles within healthy environments. Bold and creative actions and policies must be developed to provide the necessary structure and resources for this process, at the Provincial and local levels.

Summary

Health is a vital resource for living fully productive lives and should constitute a fundamental concern of governments and policies from every Department, beyond the designated health system. Changing patterns of illness and awareness of the diminishing returns of the dominant medical care system as well as advances in disease prevention and health promotion activities have created an urgent need for redirection of resources and manpower to more cost-effective long term solutions. These approaches have been used in a number of countries in reducing illness and death from, for example, tobacco use, reproductive risk, injuries and cardiovascular disease based on three principles.

- the development of a *long term plan* for achieving healthy individuals and environments with policy supporting this;
- *collaborative action* between various governmental departments to address the broad determinants of health and healthy lifestyles;
- *involvement of communities* in the setting of

health goals in conjunction with official and relevant agencies.

A provincial Health Council is suggested to stimulate the appropriate linkages, policies and incentives for transition, and Health Units are proposed as natural mediators of a "new public health."

Staff Nurses Association of Alberta

#303, 10328 - 81 Avenue
Edmonton, Alberta T6E 1X2
Contact: Ms. Barbara LeBlanc, President

Conclusions and Recommendations

The future of our health care system must be a collaborative team approach. Government, health care practitioners, administrators and consumers must find better ways of working together and identifying and solving the health care needs of each unique community.

Each health care profession must be recognized for and allowed to make its own unique contribution to society. Staff Nurses must have representative participation in health care policy and the issues affecting nursing.

The system must be funded rationally, based on the health care needs of clients within their unique community. Decisions regarding facilities must be based on need and not political patronage. The fee-for-service system must be examined carefully along with how a patient accesses the system. The future must be focused on providing a true "health" care system for the people of this Province; one which provides a basis by which each individual can participate in and take responsibility for his/her own health needs.

Suicide Prevention Provincial Advisory Committee

Seventh Street Plaza
10030 - 107 Street
Edmonton, Alberta T5J 3E4
Contact: Ms. Carol Korpela, Chairman

Alberta's model of suicide prevention was originally developed by Dr. Menno Boldt after he researched suicide in Alberta, and criss-crossed the province asking people's views about how best to respond to the issue.

- The Purpose of the Alberta model is:
 - to reduce the number of completed suicides;
 - to reduce the number of attempted suicides; to reduce self-destructive or suicidal behaviour;
 - to reduce the impact of suicides and suicidal behaviour on individuals, families and communities.
- Values underlying Alberta's suicide prevention model are:
 - a belief in the value of human life, that every life is precious;
 - a belief in life enhancement; a belief in promoting healthy individuals, families, and communities;
 - a belief that prevention of suicide and suicidal behaviour are societal and community responsibilities, as well as personal issues;
 - a belief that we can work most effectively for suicide prevention by collaborating with others.
- Components of the Alberta suicide prevention model are:
 - coordinated prevention, intervention and postvention services;
 - responsible community Outreach;
 - education and training (provincial and local);
 - research into suicidal behaviour and into program effectiveness.

The mandate of Alberta's suicide prevention program is to see that all the components are in place throughout the province, in a manner consistent with the underlying values, in order to achieve our purpose.

Recommendations

We believe the same mechanisms could be applied to other provincial-community partnerships that provide for the future health care of Albertans.

Alberta's suicide prevention model works because:

- The program is community-based. It's on the scene, in tune with local conditions, made possible by the commitment of local people who care.
- It incorporates prevention, intervention and follow-up.
- It's co-ordinated. It does not isolate suicide from other community resources. It makes use of the special talents and resources available in each particular community.
- It provides province-wide back-up training and support for those working in communities, through training and information services, and through the network of contacts facilitated by the provincial suicidologist, local coordinators, and the Suicide Prevention Provincial Advisory Committee.
- Suicide prevention has a clear identity at both local and provincial levels. Though the benefits of the program go beyond suicide prevention, people are galvanized around a specific issue and resources are specifically allocated.
- Those responsible for the suicide prevention program include a balance of local and provincial people, professionals and volunteers, government employees and community representatives.
- Those involved in the program have the authority to do what makes sense at their level, local or provincial. Thus, decisions have usually been appropriate for the

circumstances, and citizen representatives are committed because they know they make a difference.



University of Alberta

**3 - 1 University Hall
Edmonton, Alberta T6G 2J9
Contact: Dr. Myer Horowitz, President**

Executive Summary

The health science disciplines at the University of Alberta play an important role in preparing health care practitioners for the province. They also play a major role in health related research. Both areas can make a greater contribution to health care.

Senior staff at the University of Alberta have the background and knowledge to serve on a council of health that would provide advice on health policy and help in the enunciation of health goals and priorities.

The size and growth of health care expenditures calls for systematic evaluation of expenditure. This evaluation would benefit from the inclusion of health researchers from the University of Alberta. What is needed is a mechanism in the form of a Health Care Evaluation group that can work with government. As evaluation becomes more firmly established in government programs ongoing collaboration can be maintained with university researchers. Some form of population health survey would be very helpful in this regard.

In order to cope with the potentially enormous costs of technology there is a need for an assessment procedure and a mechanism for setting guidelines. We recommend that the process of establishing guidelines include academic staff and that this process receive adequate funding.

As the rationing of health services becomes reality, the ethical basis of decision making will be more visible. A Bioethics Centre is proposed to lead in the discussion of policy

issues. At the University of Alberta, there will be a continued emphasis on ethics instruction in the health sciences.

Research into access to care, attitudes and knowledge of the public regarding health care and integration of health professionals in providing care are needed and will be initiated by the University of Alberta. Support by the provincial government and integration of this research into ongoing health programs is required.

Populations and areas that are poorly serviced should be identified and innovative ways of meeting their particular needs evaluated. The University of Alberta can play a major role in this process and link it to the education of health professionals.

Graduates from the university will be the future leaders in the community. They should have a positive attitude towards health promotion and be knowledgeable in this area. The University of Alberta will include this as one objective and work on projects and curricula to achieve this objective.

In summary, the education and research currently ongoing at the University of Alberta can and should be linked to changes needed in health care programs in Alberta. To date, the health programs and educational system have been drifting apart due to poor communications, insufficient emphasis on program evaluation, and underfunding of health profession education that has precluded the development of new approaches to health care.

Recommendations

The health related faculties at the University of Alberta are capable of making a much greater contribution to health care in this province than they have to date. One of the major reasons for this is that funding for post-secondary education has changed very little while the number of students accepted into post-secondary system has grown substantially. This increase in students has soaked up any additional resources and the result has been that the health related faculties, being on a quota basis have not received any increase in their base budgets for some time. Despite this,

they have had increasing demands placed on them as the knowledge base increases, and they have substantially increased their research contributions. As a result of the erosion in funding, the faculties have devoted most of their energies to maintain the quality of their programs at a national or international level and are finding this very difficult.

The result of the funding constraints at the University of Alberta have contributed substantially to divorcing the health professions from the programs and policies taking place in the province. There is very little interaction between the Department of Advanced Education and other departments in terms of initiating joint programs involving the university. Similarly, there have been very few demonstration projects since these require the cooperation and participation of the Department of Hospitals and Medical Care and the communication with these departments has not been adequate to initiate and sustain various projects.

While the research underway in the basic health sciences has grown enormously in the past five to ten years, the research in health care administration has progressed very slowly. The amount of research conducted under contract or grants from departments of government is negligible.

In the basic science area, a number of firms have been initiated as a result of the new technology. It is our belief that this same technological base and expertise at the University of Alberta can be used to create new health care structures and to develop firms that would market new technologies and health care systems as viable commercial enterprises. The Canadian health care system is looked up to by a number of other countries and by providing leadership in health care organizations, the economic potential to the province is increased as well as the health care of the citizens of the province.

With a very strong base that now exists in the province in terms of health care facilities, health professionals and well funded governmental programs, it is possible to increase the quality of care by placing a greater emphasis on evaluation of programs and of initiating

innovative new forms of care. In this, we see the University as having a major role. Not only will this benefit the government programs but will also result in better educational experiences for the student and enable more research to be conducted in the health care system.



University of Calgary, Faculty of Medicine

Health Sciences Centre
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Contact: Dr. N. Watanabe, Dean

There is a need to create a permanent group or unit to develop, on a continuing basis, health care policies to respond to the needs of Albertans. These policies should be developed with appropriate data acquisition, careful analyses and significant research. This group should comment on issues such as ethics of medical decision making, resource allocation, health economics and utilization, cost-containment, health versus disease management and preventive medicine, and predict the future demands and constraints facing the health care industry.

Discussions and Recommendations

- **Health Care Research**

In the past, it has been difficult to acquire funds to conduct health care research. With the current emphasis on cost-containment, it is essential that we encourage research into alternative forms of health care delivery and to support development of models of care that differ from the current traditional ones. With health care consuming one-third of the provincial budget, should not a small percentage of this budget be made available to institutions and researchers with creative and innovative ideas who wish to improve quality of care while cutting costs?

- **Health Care Policy**

At the present time, it appears that there is no overall coherent policy that guides the health care system, no objectives or guidelines that allow us to understand the rationale behind what appears to be hasty ad hoc decisions. Without agreed upon goals and objectives, there are no standards against which performance or outcome can be measured, making it difficult, if not impossible, to assess the efficacy of the health care system.

- **Funding of the Health Care System**

There should be rewards for delivering cost-effective care. Institutions who manage resources well should be recognized and rewarded. A uniform percentage increase or decrease of budgets to all institutions does not encourage effective institutions to continue with their cost-effective measures.

- **Coordination of the Health Care System**

Coordination of activity between various departments which impact on health is essential. In many instances it appears that decisions are made without examining the impact on other sectors of the health care system. Coordination must be between more than acute care institutions, home care, auxiliary and extended care units. Coordination needs to exist between urban and rural facilities, between tertiary, secondary and primary care hospitals and facilities, and between specialists and primary care physicians.

- **Manpower Planning**

The manpower needs of health care requires a broader examination than just physician numbers. The relationship of physicians to other health care professionals and sharing of responsibilities, the impact of new technology and new illnesses, demographic changes and changing lifestyles, and changes in the health care system are critical issues which impact on physician manpower forecasts.

- **Changing Physician Behaviour**

Strategies which should be examined is the concept of case management and health risk management. The concept involves standard setting by peers and prospective approvals for diagnostic and therapeutic interventions. Funds should be made available to institutions interested in researching the impact of such management strategies on quality and costs.

- **Database and Computer and Communication Networking**

A network of computerized information about results and outcomes of patient services and encounters, readily available to physicians and institutions, would avoid duplication of services and improve patient care. Computer and communication networking between physicians and between institutions would allow the delivery of optimal care in a timely fashion in a setting that is most cost-effective.

Specific Health Care Issues

- **Mental Health and Dementia**

The prevalence of mental disorders is estimated to be rising according to a number of indicators, i.e., aging-related disorders, recent epidemics of family abuse, drug abuse, adolescent suicide and eating disorders. These disorders are also becoming more complex as observed by the appearance of rapidly deteriorating young chronic patients with more than one disorder, i.e., mental illness and drug abuse.

The above concerns are magnified when one observes significant service gaps for Albertans with special needs such as children and adolescents, the elderly and long-term patients.

- **Geriatrics**

The only concern in this field is that government has been slow to respond to the advice and directions that many of us have provided in attempting to meet the needs of the geriatric population.

- **Imaging**

The rapidly changing technology in imaging requires support for upgrading the skills and knowledge of existing radiologists.

- **Family Medicine/Medicentres/Emergency Medicine**

There is a shift in the practice patterns of primary care physicians with the emergence of medicentres, walk-in clinics, surgicentres, etc. While some feel that the convenience factor has played a role in increasing utilization, good data is not available. It is clear that there should be continued monitoring of health care utilization in primary encounters, whether it occurs in family physicians' offices, medicentres or emergency departments of hospitals.

- **Pediatrics/Genetics**

Advances in molecular biology and genetics allows medicine increasingly to predict those who will later develop disease and disability. Such advances will most surely alter our concepts of screening, early intervention, prevention, manipulation and treatment.

- **Preventive Medicine and Promotion of Health**

Almost everyone agrees that preventive medicine is important. Preventive medicine, however, will not decrease health care costs. The rationale for health promotion and preventive medicine should be improved quality of life and not cost-containment.

While preventive medicine has been regarded as an essential priority, there has been very little incentive, and even disincentives, to develop health promotion programs. In most hospitals, traditionally responsive to the treatment of acutely ill patients, health care professionals and administrators do not understand the role of health promotion and hence do not fund or give high priority to preventive medicine programs. Furthermore, physicians are not remunerated for patient education or the treatment of "the well."

We applaud the efforts and statements of the Dinning report "Moving Into The Future For The Health of Albertans" and for the direction and priorities proposed by Alberta Community and Occupational Health. We support the statement that "whether individually or collectively, people can work together for a healthy environment, and for public policy which recognizes health as a priority."



University of Calgary, Faculty of Social Welfare

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Contact: Dr. Ray Thomlison, Dean

Recommendations

This brief calls for commitment to a substantial restructuring of health service delivery. This restructuring finds some of its most significant expressions in the need for:

- A policy-based commitment to educating and empowering people in the management of health and illness regimes; a commitment to self-care oriented, community centered, professionally partnered health, illness, and injury management.
- The re-apportioning of health care capital, operating and human resource allocations in line with present day patterns of mortality and morbidity.
- An emphasis on social work professional service and research equalities in health care service delivery. This equality must be based upon the indivisible unity of the human person in health and illness management. It is based on the fundamentally equal importance of the environmental, physiological, psychological, social and spiritual aspects of health status maintenance and injury and illness care. The move to a more balanced emphasis will affect the structure and designs of the hospital of the future, the "outpatient"

service system, the community delivery system, and home and self-care regimes.

- A commitment to balancing provincial education and research emphasis and resource allocations to reflect an equal emphasis on the social, environment, psychological, spiritual, and physiological aspects of health, injury and illness.
- Professional and community policy resource decisions which are more in line with epidemiological findings and social multi-disciplined need realities.
- A substantial re-examination of medical care reimbursement processes such that, while preserving the universal nature of medical care for Albertans, reimbursement mechanisms should be more in line with true health problem causality. Serious consideration must be given to community-based, multi-disciplined and easily accessed clinics which serve the health needs of Albertans with greater utilization of both medical and social work services. Again, without violating universality of access, such services might function under privatized mandates, with incentives for community (consumer or client) group sponsorship.
- The needs of an aging population in Alberta manifests itself most critically in the crisis of bed utilization that plagues the total medical care system. There is clearly a need for the development of a range of medical care community services. Consequently,
 - emphasis on and support for family and community-based care is essential.
 - greater use of social work professionals in hospital discharge planning and in the multi-disciplinary processes pertaining to homecare, community, and support services.
- The nature of social cause factors and personal choice (self-care) paradigms in condition management is part of the basis for a provincial commitment to the greater use of social work professionals and all aspects of hospital admission processes, treatment

regimes, discharge and follow-up activities. The development of doctoral-level social work training in the Province of Alberta is essential to the social cause basis of illness, injury, and death in Alberta.

- Educational programs must emphasize from their inception, the importance of harmonious interdisciplinary functioning and consumer-based partnerships in service delivery.
- A review of research funding sources, commitments and mechanisms for application is essential. The present system is medically dominated, physiologically focused, and controlled not only in the resource commitments (for example the Heritage Fund for 'medical' research), but also in the mechanisms for proposal review and grant allocation. It is essential that future research endeavors in health care be shared among the various disciplines.
- The development of a family-focused approach to community health care based on the strong historical social work commitment for service to families.
- Joint emphasis with industry on health promotion, wellness programming and the strengthening of hospital-based health promotion and education programs and employee assistance programs in industry.

Conclusion

The social work profession and professional social work education has been an active partner in hospital and community-based health services since the beginning of the twentieth century. The origins of the profession are strongly aligned with the needs of the poor, the disabled, the handicapped, and the chronically ill in twentieth century society. More and more the health care realities of the late twentieth century demand a healing of societal inequities (Epp, 1986). We urge this Commission to bring forward bold and resolute recommendations which address these inequities.



Victorian Order of Nurses

#204, 12230 - 106 Avenue
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Contact: Mr. David Stratton, President

Executive Summary

Since 1987, VON has identified and met health care needs of Albertans of all ages. Whether VON was providing home nursing in early settlements, building cottage hospitals, initiating Well Baby Clinics or setting up Adult Day Care Centres, it has always acted on community need and with community support. As voluntary not-for-profit organization, financial restraint has and continues to be a VON operating principle.

VON's concerns with the future of the Health Care System in Alberta are related to the increased aging population, to the need for developing a "health" model rather than an "illness" model of care, and to gaining recognition of the value of voluntary agencies in working with government to provide needed human services in our communities.

VON challenges the Provincial Government to reallocate its resources to meet the objectives of the Canada Health Act and the Federal Government's blueprint for "Achieving Health for All" to bring about a healthier Alberta. VON further questions the appropriateness in all situations of the physician as gatekeeper of the health care system. If the health care system continues to be viewed from a medical perspective, there will most likely be a crisis of care for the elderly. To avoid this crisis and to recommit our resources to the health of all, not only the ill, VON makes the following recommendations:

- That the Provincial Government in line with its commitment to maintain the quality and accessibility of health services for all citizens of Alberta, reallocate health care funds to expand or develop community health services aimed at promoting and maintaining health, independence and

quality of life of the elderly, including programs to prepare people for healthy aging.

- That the Provincial Government support the Federal Government's call for action by reallocating funds for the development of coordinated community health and social services programs to promote health, prevent illness and institutionalization for all age groups.
- That the Provincial Government expand and strengthen the Home Care program.
- That the Provincial Government provide financial incentives to local Boards of Health to utilize non-profit voluntary organizations in the expansion and enhancement of local Home Care programs.
- That the voluntary non-profit sector be recognized and supported in its role of being the "safety net" for the Home Care program.
- That the Provincial Government fund special collaborative pilot projects to demonstrate and evaluate the efficiency and effectiveness of alternate models of health care delivery in the community.
- That with the financial support of the Federal, Provincial, and Municipal Governments, the planning, coordination and delivery of community-based health care be initiated or expanded in rural communities or Northern regions of Alberta.
- That the Provincial Government enact provision for the health care insurance plan to be expanded to ensure health services provided by health care practitioners (including both physicians and nurses).
- That the Government, in co-operation with health care practitioners, develop and implement pilot projects in both rural and urban settings, demonstrating the use of the nurse as primary health care worker and gatekeeper working within the context of a team.



Women of Uniform

14815 - 119 Avenue
Edmonton, Alberta T5L 4W2
Contact: Ms. Willow Webb, Secretary

The Women of Uniform are very concerned about the health of our farmers and farm families. We feel the occupational health of a farmer is very important and should be a priority of the Alberta Government.

Discussions & Recommendations

- Research needs to be initiated into agricultural chemical use and its implications on the health of farmers.

We are concerned because no one disputes the fact that our agricultural chemicals are potentially hazardous to the health and no one really knows what the effects of exposure to them, over a long period of time will be.

- Education of the medical and health community in diagnosing and treating agricultural chemical poisonings is needed.

The symptoms of a pesticide poisoning are very much like those of the flu. Therefore, many poisonings go undiagnosed, untreated and undocumented. The existing rural medical and health community should be educated to recognize, diagnose and treat pesticide poisoning. Medical schools should include this area of chemical poisoning in their curriculum for all future doctors.

- We strongly urge that a moratorium on the new reproductive technologies be called until all the legal and ethical ramifications have been thoroughly investigated and resolved.

We would like to address the new reproductive technology. We feel there must be an assessment of the legal and ethical ramifications of all the new reproductive tech-

nologies being developed. Scientific research has developed these technologies too rapidly with very little thought given to the legal and ethical dilemmas which must be dealt with in the future.



Workers' Compensation Board of Alberta

9912 - 107 Street
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Contact: Mr. K.C. Pals, Chairman

Proposals

- The principles of rehabilitative medicine must become an important part of the training for all future health care professionals.
- Promote a societal consciousness of the need for interdisciplinary rehabilitation not only during the acute phases of medical

treatment but also during the vocational adjustment.

- We recommend and support the establishment of privately operated halfway houses and sheltered work shops for non-mentally disabled persons.

Key Concept

- Rehabilitation is in the interests of the individual and society.

Conclusion

Due to the special nature of the Board's business, our submission may be somewhat different from that of other groups. Instead of making representations to obtain more from the system, we have attempted to show that a greater emphasis in three specific areas i.e. Accident Prevention, Early Intervention and Interdisciplinary Rehabilitation will significantly promote an effective approach to health care. In the long run such an approach will, we are convinced, provide a better health care system that will reduce costs by promoting ability rather than disability.

SUMMARY REPORT OF TWO YOUTH WORKSHOPS

**Moderator: Dr. Louis Hugo Francescutti,
Ph.D., M.D.**

In the fall of 1988, the Premier's Commission on Future Health Care for Albertans arranged to meet some young people. Approximately 40 high school students from in and around Edmonton and a similar number from the Calgary area were assembled in two separate sessions.

The students were candid, full of energy, and in many cases, surprised at some of the facts they learned in the sessions.

A variety of topics ranging from health care costs, euthanasia, abortion, teenage pregnancy and suicide to nursing strikes, AIDS and injuries were covered. At the Calgary meeting, a heated debate erupted spontaneously, and soon all the students were eager to express their opinions. The students at the Edmonton session had the opportunity to meet and discuss first hand what life as a quadriplegic is like. Randy Schneider, a young man injured in a motor vehicle accident, shared his experience with the students as they discussed the areas of health promotion, accident prevention, and rehabilitation.

The sessions were arranged so each Commissioner had an opportunity to lead a group of five to six students in discussion. The groups were given various day-to-day situations, involving adolescents, to think about and explore from a health point of view. Representatives were chosen to report their groups' summary of discussions.

There was a high level of maturity and thought displayed by the students selected from various schools.

The students' only complaint was that the meetings were too short; they wanted to go on and discuss more topics at greater length. Many volunteered for future consultations.

Many of the students subsequently sent letters to the Commission commenting further on

health related topics or bringing their feelings and new information to our attention. The following are excerpts from some of those students' letters.

"... for starters, I had no idea of the huge expenses and amount of money that was spent by Alberta's health care system. I had imagined that it would be a large figure, but I would not have ever dreamt that it was in the billions of dollars. Also, I did not realize how much money it took to rehabilitate individuals like Randy Schneider. Perhaps it might be a good idea to inform the public how expensive health care really is."

"... I believe that the key place where one develops his/her values is in the home from those that are in the family. I would even dare to say that family/upbringing has more to do with a healthy or unhealthy attitude more than anything else. For example, if alcohol abuse is exhibited by the parents in the home, I would imagine that the children would have more of a tendency to do the same more than a child that has been brought up by parents who do not abuse or even use alcohol. I also believe that suicide prevention starts in the home. As far as I can tell, it would be highly unlikely for one to commit suicide if he/she has been brought up in a stable, loving and caring environment. Therefore, I believe that a greater emphasis should be put on strengthening the family than has been placed in the past."

"... I believe that more media information (television, radio, and magazines especially) relating to health awareness would benefit society. I do not believe that I would recognize the gravity of the problem of drunk driving as greatly as I do if the media had not presented as much information as it has in the past. Media can help develop public awareness greatly whether it deals with AIDS, drunk driving, suicide, teenage pregnancy or any subject of concern."

"... One idea that came up in the conference which I considered valuable was that a "mini-breathalyzer" should be installed into vehicles which would not allow those who were intoxicated to drive. I realize that it would require enormous amounts of money to develop such a device, but I think that in the long run more money would be saved because of the reduction in drunk driving related accidents."

"... I also mentioned Native health concerns on the reserve. The Native youth on reserves don't have very many things to do, which sometimes leads them into drug abuse, causing problems within the family and surrounding community. In order to try and tackle this problem on drug abuse on Native reserves, a drug program should be set up on reserves, so drug abusers can get counselling on their problems."

Some reserves don't have very well built houses; most reserves don't even have running water. Sanitation is not very good. Reserves should be equipped with proper sanitation for better living conditions; some reserves don't have medical clinics or doctors or nurses. What happens if somebody is seriously hurt and there is no doctor, and the closest hospital is fifty miles away. The person could die before receiving medical assistance."

On reserves there is a high birth rate among Native girls. Some Native offenders at the centre thought that sex education should be taught on reserve schools, as well as off the reserve, to help Natives get a better understanding of birth control and contraceptives. If these problems were tackled, our world would be a better place to live."

"... I admit that there is a certain degree of abuse of the medical care system, however, I would like to suggest that if the universal user fees were implemented, a serious blow would be delivered to Albertans. Already people must contend with the high costs of filling their prescriptions, and an additional fee would just add to the problem. Also, if such fees were made mandatory, I can easily see the devolution of our health care system. If individual Albertans must pay for an examination or operation, imagine the consequences – we would be no better than the Americans."

"... Personally, I feel that the future of the health system lies in prevention. For instance, in thirty years the government of Quebec will be forced to deal with the medical conditions of citizens affected by the P.C.B. fire outside of Montreal. Perhaps, if environmental conditions do not deteriorate there will be less strain on our health care plan. Also, prevention in other areas is vital – as your Head and Spinal Cord Injury Prevention Project indicates."

"... In the areas of AIDS and teenage pregnancy, the emphasis must again be placed on prevention. By advertising and increasing public awareness of these two situations, I feel that their detrimental effects can be minimized. Also, I believe that awareness campaigns must be focused on the youth of Alberta. If we are able to influence young people today, the positive results will be evident tomorrow."

"... I left the gymnasium with a sense that someone actually cared about what young Albertans are thinking and a new understanding for the problems faced by the medical community."

"... To lessen future costs, money should be spent on education. People need to be educated on when they should go to a doctor, and what is just use of the system. I feel that much abuse of the system occurs because people aren't really sure at what point they should go to a doctor. Education is also very important in the field of preventative medicine and how to ensure your own health."

"... I also feel that research into cures and new technology is a very important feature of health care. With people knowing when to go to the doctor and practicing preventative medicine and health care, and with new technologies being developed to combat illnesses, future health care costs will be substantially reduced."

"... Your concern for Alberta's future was noted and I like the idea of getting opinions from the adults of tomorrow. After leaving the workshop, I felt that I had actually been heard and that teens do count when it comes to important issues."

SUMMARY REPORT OF TWO SENIOR CITIZEN WORKSHOPS

One of the trends that will affect Alberta's health care system in the next century will be the aging of the population. By the year 2000 there will be a large increase in the number of Albertans over the age of 65 years.

Future health care must address the needs of senior citizens. The Commissioners therefore have made a special effort to speak with many seniors across the province.

From the frank dialogue with senior citizens who attended the public "townhall" meetings and the November Senior Citizen Workshops held in Edmonton and Calgary, the Commissioners gained important insights into what seniors want, expect and need in future health care.

In this section, we've identified only the comments made at the Senior Citizen Workshops. Other seniors' comments are listed under the respective general public meeting.

Issues/Recommendations

- Coordination amongst providers and health care services
- Develop a healthy attitude
- Combat loneliness
- Importance of exercise and keeping busy
- Ensure the appropriate dispensing of prescribed drugs
- Better coordination of home care
- Suggestion of fee for service
- Abuse of medication and providers occurs because it's too easily accessible and it's perceived to be free
- Seniors want to stay at "home" as long as possible
- Consider who should be the gatekeeper
- Availability of health insurance for those with low income
- Problems occur when doctors don't listen/act accordingly
- The consumers need medications explained to them
- Doctors are not listening enough to complaints of seniors and are over-prescribing
- Inconsistent funding in the system today
- There needs to be more discussion on what is "home"
- Early discharge creates problems for seniors without families
- Look at, and assess, support services in communities
- Review current community options to see what's happening
- Concern with costs of services to families
- Gaps in services
- Lack of adult care centres
- Respite services
- Individual funding

- Concern with geographic differences in health care services
- Continuum of housing
- People need to be "well" at each "stage of life" – start a wellness curriculum in schools
- Improve access to information re: health maintenance
- Holistic perspective is important
- Improve accessibility to services
- Emphasize nutrition/dietary aspects of health care
- Need ongoing training of professionals
- Need retirement preparation
- Re-allocation of resources
- Lack of appropriate transportation in many areas
- Establish continuum of services which encourages self-help
- Seniors can keep making a contribution to society
- Multi-level care (housing can involve different Government departments, depending on the health of the client)
- People should be placed in appropriate levels of care – not rotting away at the wrong level of care
- Concern with service cuts to mental health area
- Incentive to acute care hospitals to decentralize
- Inappropriate services in acute care hospitals
- Encourage involving seniors (related to reducing depressions in seniors)
- Change outreach programs re: alcohol. There should be a different approach for seniors
- Look at alternatives – single entry – redirection – focus community need on exit (activate appeal mechanism and regional involvement of consumers)
- Level of occupancy in hospital (100%) – no respite beds available
- Need funding of home care services/ community services
- Focus is on Capital Funding – i.e. Build facilities but then there's insufficient "operating" funds
- Need multi-purpose senior outreach centres – development and funding (health, prevention, brokerage)
- Need collaborative effort by all stakeholders
- Need instruments to foster individual responsibility.
- Use the most helpful interventions – least intrusive intervention before more intrusive interventions
- Seniors need to be more involved at the decision making level (decisions about health care for seniors)
- Who should decide when to stop treatment?
- The idea of living wills – sit down with family to discuss
- Need optimal organization plan of health system so that it will effectively and efficiently fund stability for basic services and supports quality of life, dignity; rationalize role of professionals
- Encourage personal responsibility for health maintenance and management of health, etc. (informed choice)
- Help seniors keep active – physically and mentally

- Encourage cost effectiveness
- Have equal balance of emphasis on "illness" and "health"
- If funding stability was in place, then:
 - Money for current services
 - Long range planning of services
 - Money simultaneous implementation of prevention/promotion programs
 - Evaluation of programs/services by consumer
- Need integration of services (related to program funding)
- "Funding" policies, approaches, etc. needs review
- Money for voluntary agencies (charitable organization) equal to private/Government programs
- Fund the essential services and define what they are
- Need a shift in funding
- Develop priorities for funding (high tech vs. community services)
- There should be individual funding for individual needs
- Need incentives away from institutionalization
- Bias to community options
- Better use of community resources
- Over build community services until balance is attained between institutional section and community (equalizing the disparity)
- "People's" council on health including: consumer, stakeholder (60%-40%). Advisory to government strategic planning, elected, focus on whole spectrum
- Health education

- provider
- consumer
- health professional
- systems approach
- change/influence attitudes
- Funding applications for new community initiatives include: prevention, collaborate with consumer, integration (the same for all)
- More immediate money to begin right away: Health care, decentralize transportation and education/attitudes, respite services, housing, multi-purpose senior centres

The following excerpts are from a letter from a Calgary gentleman who made an eloquent impromptu presentation at the Calgary Seniors' meeting.

"... First, we make little provision for phasing-in retirement with the option of continuing some years of productive part-time employment both for men and for women. Having something to do, and having someone to do it with, having a contribution to make to society is part of the personal well-being and holistic health of any able-bodied person."

"... We need a blended, not a cyclical life-plan of education, work and leisure. I am obviously working here on the assumption that a feeling of belonging and a feeling of mastery are both ingredients in the feeling of well-being, and therefore in turn, part of total, whole health."

"... we need to 'invent' appropriate social and economic institutions to deal with these and related matters."

"... In terms of training, have we enough doctors who are well-read in geriatrics?"

"... Obviously, the system must be not only humane, but also reasonably efficient - paying for what is required but discouraging payment for what is not."

"... Since acute care hospitals are (not unreasonably!) in the principal urban centres,

family relatives and friends must often travel considerable distances to visit those hospitalized. For these as well as for other reasons, we need to discharge patients from acute care wherever that is not to their detriment. Unfortunately, we have in Alberta all too few facilities to which such persons can go if they are not immediately capable of looking after themselves in their own homes. One way of improving this situation might be to create a number of regional, multipurpose centres in which those who find themselves in this situation might have temporary accommodation. Such centres could serve simultaneously as senior centres, day care

centres, clinics, local headquarters for outreach health and domiciliary services, and as convalescent centres. The convalescent patient would benefit greatly from the immediate support of friends of his own age in his own community or from the near neighbourhood. Normal day care facilities, part-time attention from nurses and doctors working from the centre, and meals from the cafeteria would all be available to him. Meanwhile, family, relatives and friends from that catchment area would be saved many hours of driving and the related costs in terms of money, and of mental and physical effort."

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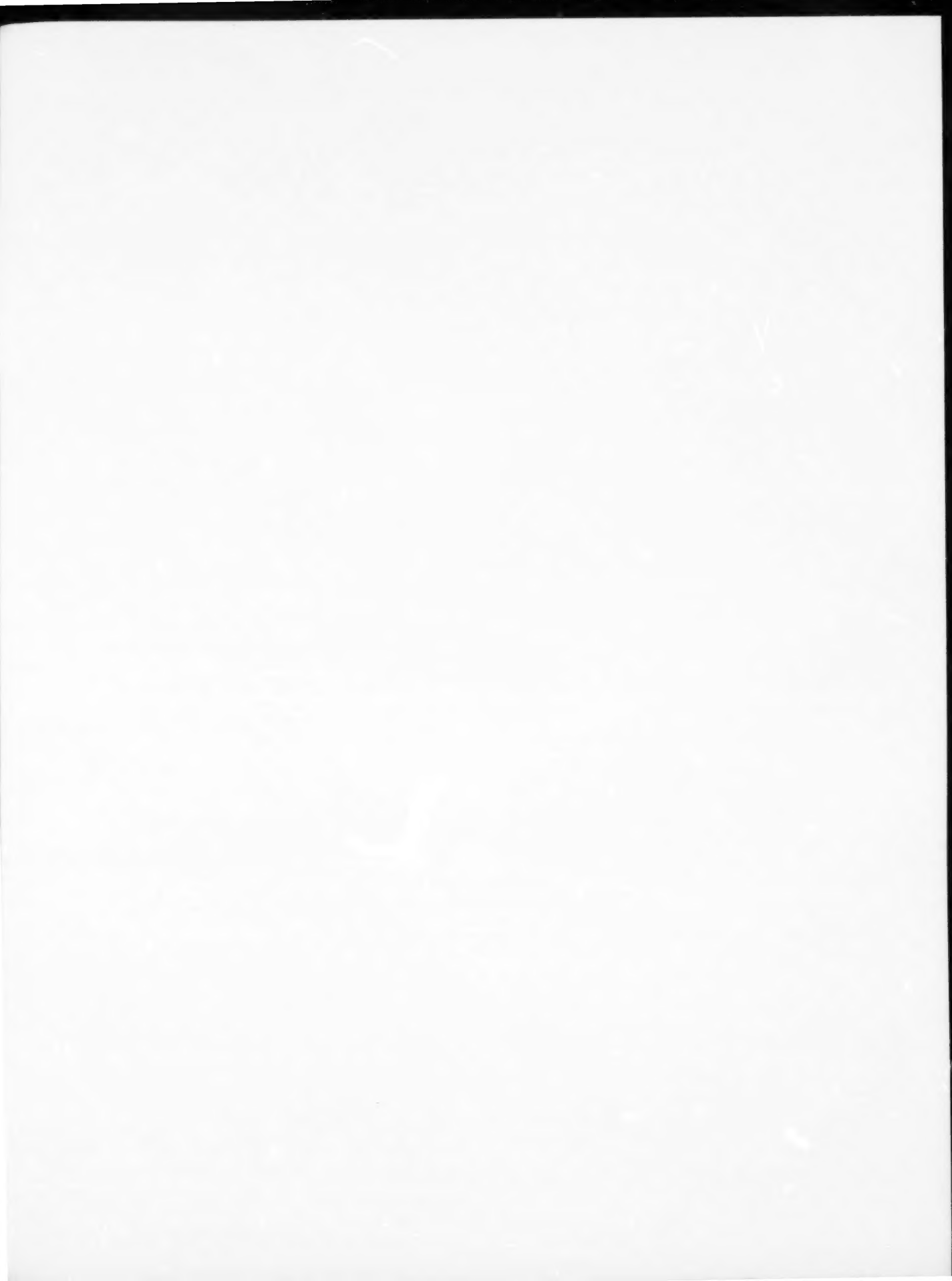
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